

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110650

Entity Name: CONAIRE, LLC

**FILED**  
**Jul 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18634 SW 47 CT  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18634 SW 47 CT  
MIRAMAR, FL 33029

**New Mailing Address:**

FEI Number: 27-3768650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORENO, ADOLFO  
18634 SW 47 CT  
MIRAMAR, FL 33029 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORENO, ADOLFO  
Address: 18634 SW 47 CT  
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM  
Name: SARMIENTO, ALEXANDRA F  
Address: CALLE NAPOLEON, EDIFICIO EL, GRAN CORSO PIS  
City-St-Zip: COLINAS DE LA CALIF. CARACAS, VZ OC

Title: MGRM  
Name: FREITES, ORLANDO DE JR  
Address: 5221 NW 108 AVE  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADOLFO MORENO

MM

07/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date