

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016070

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ANDRES CHAMORRO PRODUCTIONS LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
240  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
240  
CORAL GABLES, FL 33134

**New Mailing Address:**

P.O. BOX 14-0970  
CORAL GABLES, FL 33114

**FEI Number:** 68-0681742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PRATS FERNANDEZ & CO PA  
2121 PONCE DE LEON BVLD.  
240  
CORAL GABLES, FL 33134 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:** ANDRES CHAMORRO ILUMINACION LTDA.  
**Address:** P.O. BOX 14-0970  
**City-St-Zip:** CORAL GABLES, FL 33114

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:** ANDRES CHAMORRO ILUMINACION LTDA.

MGRM

04/30/2012

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