

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001385

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: THE QUEVEDO FAMILY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD  
487  
MIAMI, FL 33134

**New Principal Place of Business:**

1825 PONCE DE LEON BLVD  
300  
MIAMI, FL 33134

**Current Mailing Address:**

1825 PONCE DE LEON BLVD  
300  
MIAMI, FL 33134

**New Mailing Address:**

FEI Number: 65-0914595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

QUEVEDO, BENITO  
1825 PONCE DE LEON BLVD  
300  
MIAMI, 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 ( ) Delete  
Name: QUEVEDO, BENITO  
Address: 1825 PONCE DE LEON BLVD #300  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: QUEVEDO, MARTHA  
Address: 1825 PONCE DE LEON BLVD #300  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: QUEVEDO, EMILY G  
Address: 1825 PONCE DE LEON BLVD #300  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EMILY QUEVEDO

VP

01/19/2009

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