## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003308

Entity Name: MULTIPLE L.L.C.

**FILED** Mar 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

20900 NE 30TH AVE., SUITE 901 AVENTURA, FL 33180

**Current Mailing Address: New Mailing Address:** 

329 GRANELLO AVENUE 420 S. DIXIE HIGHWAY CORAL GABLES, FL 33146 US

CORAL GABLES, FL 33146 US

FEI Number: 65-0926084 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

UNITED STATES REGISTERED AGENTS, INC. 329 GRANELLO AVENUE CORAL GABLES, FL 33146 US

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

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: (X) Change ( ) Addition () Delete

OLARTE, MAURICIO Name: Name: OLARTE, MAURICIO Address: 15675 NW 15TH AVE. BAY #1 Address: 20900 NE 30TH AVE., SUITE 901

City-St-Zip: MIAMI, FL 33169 City-St-Zip: AVENTURA, FL 33180

(X) Change ( ) Addition Title: MGR () Delete Title: MGR

Name: OLARTE, CARLOS Name: OLARTE, CARLOS

Address: 15675 NW 15TH AVE. BAY #1 Address: 20900 NE 30TH AVE., SUITE 901 City-St-Zip: MIAMI, FL 33169 US City-St-Zip: AVENTURA, FL 33180 US

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: CARLOS OLARTE 03/21/2009