

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003504

FILED
Jun 26, 2009
Secretary of State

Entity Name: LA FAMILIA OF TAMPA, L.C.

Current Principal Place of Business:

1601 GULF BLVD
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

3128 W. IDELWILD AVE.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3590858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTIN, JOHN P
2310 WEST BAY DRIVE
LARGO, FL 33770 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SILVA, ORENCIO P
Address: 6411 WILLOW WOOD LANE
City-St-Zip: TAMPA, FL 33634

Title: MGRM () Delete
Name: SILVA, NORMA
Address: 6411 WILLOW WOOD LANE
City-St-Zip: TAMPA, FL 33634

Title: MGRM () Delete
Name: BELLO, ELISEO R
Address: 3128 W. IDLEWILD
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: BELLO, JULIA P
Address: 3128 W. IDLEWILD
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: SILVA, ORENCIO J
Address: 6020 THERESA ST
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: SILVA, ELENA M
Address: 6020 THERESA ST
City-St-Zip: TAMPA, FL 33615

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:

Title: () Change () Addition
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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: ELISEO BELLO

MGRM

06/26/2009

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