

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004441

FILED
Feb 13, 2009
Secretary of State

Entity Name: D'ROOTS, L.L.C.

Current Principal Place of Business:

15118 LAUREL COVE CIRCLE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

15118 LAUREL COVE CIRCLE
ODESSA, FL 33556

New Mailing Address:

13059 W LINEBAUGH AVE
SUITE 102
TAMPA, FL 33626

FEI Number: 65-0936174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARUQUE, KARIM
5602 HARBOR SIDE DR
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

CATES, ALTON
13059 W LINEBAUGH AVE
SUITE 102
TAMPA, FL 33626 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: ALTON CATES

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: CARLOS FRANCISCO OSO, RIO
Address: 15118 LAUREL COVE CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: MGRM (X) Delete
Name: JORGE ENRIQUE OSORIO,
Address: 15118 LAUREL COVE CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: MARTHA LUCIA OSORIO, REYES
Address: 15118 LAUREL COVE CIRCLE.
City-St-Zip: ODESSA, FL 33556

Title: () Delete
Name:
Address:
City-St-Zip:

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: MGRM () Change (X) Addition
Name: BARUQUE, EDMOND
Address: 15118 LAUREL COVE CIRCLE
City-St-Zip: ODESSA, FL 33556

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: MARTHA OSORIO

MGRM

02/13/2009

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