

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004581

FILED
Apr 13, 2009
Secretary of State

Entity Name: INVERSIONES TORCOROMA, L.C.

Current Principal Place of Business:

1037 CEDAR FALLS DR
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1037 CEDAR FALLS DR
WESTON, FL 33327

New Mailing Address:

FEI Number: 90-0050971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTRERAS, SARA
1037 CEDAR FALLS DR
WESTON, FL 33327 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: CONTRERAS, JAVIER JOSE
Address: 1037 CEDAR FALLS DR
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: CONTRERAS, SARA LUCIA
Address: 1037 CEDAR FALLS DR
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: GRANADOSDE CONTRERAS, MARIA
Address: 1037 CEDAR FALLS DR
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: CONTRERAS, ADRIANA M
Address: 1037 CEDAR FALLS DR
City-St-Zip: WESTON, FL 33327

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

Title: MGRM () Change (X) Addition
Name: CONTRERAS, JOSE
Address: 1037 CEDAR FALLS DR
City-St-Zip: WESTON, FL 33327

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: SARA LUCIA CONTRERAS

MGRM

04/13/2009

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