

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006450

Entity Name: ELIAS CURA, L.L.C.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

6006 N. 22ND STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

6006 N. 22ND STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 65-0999305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURA, ELIAS
6006 N. 22ND STREET
TAMPA, FL 33610 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: MGR () Delete
Name: CURA, ELIAS
Address: 6006 N. 22ND STREET
City-St-Zip: TAMPA, FL 33610

Title: MGR () Delete
Name: CURA, ELIAS JOSE
Address: 6006 N. 22ND STREET
City-St-Zip: TAMPA, FL 33610

Title: MGR () Delete
Name: CURA, DANICET M
Address: 2636 S. DUNDEE STREET
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: CURA, MARCOS
Address: 5002 W. DICKENS AVE
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: CURA, DAVID
Address: 5004 W. DICKENS AVE.
City-St-Zip: TAMPA, FL 33629

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: () 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: ELIAS CURA

MGR

01/13/2009

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