

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L99000008834

Entity Name: FLEXO SERVICE, L.L.C.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

5543 N NOB HILL RD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 267548
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0967459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134 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: OLABERRI, MARIA I
Address: PO BOX 267548
City-St-Zip: WESTON, FL 33326

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALARRAGA, JAVIER
Address: PO BOX 267548
City-St-Zip: WESTON, FL 33326 US

Title: MGR () Change (X) Addition
Name: GALARRAGA, GONZALO
Address: PO BOX 267548
City-St-Zip: WESTON, FL 33326 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: JAVIER GALARRAGA

MGRM

06/16/2009

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