# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# M07000004837

**Entity Name:** MENDONCA & SUAREZ, CERTIFIED PUBLIC ACCOUNTANTS, LLC

**Current Principal Place of Business:**

1030 SALEM ROAD
UNION, NJ 07083

**New Principal Place of Business:**

**Current Mailing Address:**

1030 SALEM ROAD
UNION, NJ 07083

**New Mailing Address:**

**FEI Number: 26-0580773** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: | REED, CHRISTOPHER | |
| Address: | 1030 SALEM ROAD | |
| City-St-Zip: | UNION, NJ 07083 | |
| Title: | MGRM | ( ) Delete |
| Name: | BALDOMERO, JOSEPH A JR. | |
| Address: | 7000 BOULEVARD EAST - LOWER MALL | |
| City-St-Zip: | GUTTENBERG, NJ 07093 | |
| Title: | MGRM | ( ) Delete |
| Name: | MENDONCA, HELDER | |
| Address: | 1030 SALEM ROAD | |
| City-St-Zip: | UNION, NJ 07083 | |
| Title: | MGRM | ( ) Delete |
| Name: | SUAREZ, BELARMINO | |
| Address: | 1030 SALEM ROAD | |
| City-St-Zip: | UNION, NJ 07083 | |
| Title: | MGRM | ( ) Delete |
| Name: | LUONGO, AMEDEO | |
| Address: | 1030 SALEM ROAD | |
| City-St-Zip: | UNION, NJ 07083 | |
| Title: | MGRM | ( ) Delete |
| Name: | D'UVA, ROBERT | |
| Address: | 1030 SALEM ROAD | |
| City-St-Zip: | UNION, NJ 07083 | |

**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: | |
| 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: ROSE MARY CAMPOS COMP 04/15/2009

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