

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014184

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PENSTOCK, L.C.

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

8405 NW 53RD ST., B-220  
MIAMI, FL 33166

**New Mailing Address:**

10900 NW 21ST STREET  
UNIT 190  
MIAMI, FL 33172

FEI Number: 65-6353938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEWART AGENT SERVICES  
2199 PONCE DE LEON BLVD., SUITE 301  
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: P ( ) Delete  
Name: TORRES, ENRIQUE  
Address: 8405 NW 53RD ST., B-220  
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete  
Name: TORRES, ELIANA  
Address: 8405 NW 53RD ST., B-220  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: TORRES, DOMINGO  
Address: 8405 NW 53RD ST., B-220  
City-St-Zip: MIAMI, FL 33166

Title: AS ( ) Delete  
Name: STINSON, LOUIS  
Address: 2199 PONCE DE LEON BLVD., SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: TORRES, ENRIQUE  
Address: 10900 NW 21ST STREET UNIT 190  
City-St-Zip: MIAMI, FL 33172

Title: VP (X) Change ( ) Addition  
Name: TORRES, ELIANA  
Address: 10900 NW 21ST STREET UNIT 190  
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change ( ) Addition  
Name: TORRES, DOMINGO  
Address: 10900 NW 21ST STREET UNIT 190  
City-St-Zip: MIAMI, FL 33172

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: STEWART AGENT SERVICES

RA

04/14/2009

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