

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030367

FILED
Apr 30, 2009
Secretary of State

Entity Name: MARILU, LLC

Current Principal Place of Business:

18181 NE 31 CT UNIT 2609
TOWER AT BISCAYNE COVE
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

18181 NE 31 CT UNIT 2609
TOWER AT BISCAYNE COVE
AVENTURA, FL 33160

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRITO, LEONARDO F
1001 BRICKELL BAY DRIVE, STE. 2112
MIAMI, FL 33131 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: GOLINSKY, DIANA
Address: 18181 NE 31 CT. #2609
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR () Delete
Name: NASIM, LUCAS
Address: 18181 NE 31 CT. #2609
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR () Delete
Name: NASIM, MARIA SOL
Address: 18181 NE 31 CT. #2609
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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:

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: DIANA GOLINSKY MGR 04/30/2009

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