

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108802

FILED  
Sep 21, 2009  
Secretary of State

Entity Name: AMERICAN LION CROSS LLC

**Current Principal Place of Business:**

2080 N.W. 18TH AVE.  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2080 N.W. 18TH AVE.  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 22-3918178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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.VP ( ) Delete  
Name: CRUZ, GUSTAVO  
Address: 2080 N.W. 18TH AVE.  
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete  
Name: CRUZ, GUSTAVO  
Address: 2080 N.W. 18TH AVE.  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MAINARDI, GEOVANNI  
Address: 2080 N.W. 18TH AVE.  
City-St-Zip: MIAMI, FL 33142

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: GUSTAVO CRUZ

P.VP

09/21/2009

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