

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070751

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SALES - BUY TOUCH, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-1702792      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
1050  
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  
**Name:** MAREYNA-MARCOVICH, ARTURO  
**Address:** 1786 CLOVER TREE CT.  
**City-St-Zip:** CHULA VISTA, CA 91913

**Title:** MGRM  
**Name:** QUIROZ, MANUEL J  
**Address:** PESTALOZZI NO. 858 COL. NARAVARTE C.P.  
**City-St-Zip:** MEXICO CITY, MEXICO, XX XX XX

**Title:** MGRM  
**Name:** LLANOS, JUAN C  
**Address:** PESTALOZZI NO. 858 COL. NARAVARTE C.P.  
**City-St-Zip:** MEXICO CITY, MEXICO, XX XX XX

**Title:** MGRM  
**Name:** LLANOS, JOSE E  
**Address:** PESTALOZZI NO. 858, COL. NARAVARTE C.P.  
**City-St-Zip:** MEXICO CITY, MEXICO, XX XX XX

I hereby 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: ARTURO MAREYNA MARCOVICH

MGRM

04/30/2012

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