

11412

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90053 033 ****50.00

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1. Entity Name
TAVMEL INVESTMENTS L.C.

Principal Place of Business
444 BRICKELL AVENUE
SUITE 421
MIAMI, FL 33131

Mailing Address
444 BRICKELL AVENUE
SUITE 421
MIAMI, FL 33131

24054422



2. Principal Place of Business

3. Mailing Address

520 Brickell Key Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

0-305

02102004 Chg-LLC CR2E083 (10/03)

City & State

City & State

Miami FL

4. FEI Number

02-0538398

Applied For

Not Applicable

Zip

Country

Zip

33131

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAVARES, CHARLES
444 BRICKELL AVENUE STE. 421
MIAMI, FL 33131

Name
Transglobal Corporate Administration LLC -

Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Drive, Suite 0-305

City Miami

FL

Zip Code
33131

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME TAVARES, CHARLES ☒ Delete
STREET ADDRESS 444 BRICKELL AVENUE
CITY-ST-ZIP MIAMI, FL 33131

TITLE Manager, VP/S ☐ Change ☒ Addition
NAME TAVARES de Melo, Paulo
STREET ADDRESS 1581 Brickell Ave. Apt. 505
CITY-ST-ZIP Miami, Florida 33129 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

J. Henrique Vargas Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/24/04
Date

305 375 3800
Daytime Phone #