

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018816

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** MESALINA L.C.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 01-0582786

**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:** CANO HERNANDEZ, JOSE GABRIEL  
**Address:** CARRERA 14 NO 94-A - OFICINA NO 203  
**City-St-Zip:** BOGOTA, COLOMBIA, XX XX XX

**Title:** MGRM  
**Name:** JIMENEZ, CLARA INES  
**Address:** CARRERA 14 NO 94-A - OFICINA NO 203  
**City-St-Zip:** BOGOTA, COLOMBIA, XX XX XX

**Title:** MGRM  
**Name:** CANO JIMENEZ, JOSE G  
**Address:** CARRERA 14 NO 94-A - OFICINA NO 203  
**City-St-Zip:** BOGOTA, COLOMBIA, 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:** JOSE GABRIEL CANO

MGRM

02/23/2012

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