

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079354

1. Entity Name
ZURICH EXPRESS LLC



Principal Place of Business
**169 E. FLAGLER STREET, SUITE #1534
MIAMI, FL 33131**

Mailing Address
**169 E. FLAGLER STREET, SUITE #1534
MIAMI, FL 33131**



02252006 No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number
20-1840894

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NICENBOIM, JOSE
169 E. FLAGLER STREET, SUITE #1534
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**0000045019
03/16/06-80010-025 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAMPAGNA, NORBERTO A
755 S.E. 7TH AVENUE
DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CIORCIARI, AUGUSTO F
2266 SW GOLDEN BEAR WAY
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for any exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/2/06

305-418-8892

Use

Daytime Phone #