

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90056 046 ****50.00

DOCUMENT # L01000009829

1. Entity Name
PERCA HOLDINGS, LLC



Principal Place of Business
**1441 BRICKELL AVE.
STE. 1014
MIAMI, FL 33131**

Mailing Address
**1441 BRICKELL AVE.
STE. 1014
MIAMI, FL 33131**

20051433

2. Principal Place of Business
1441=BRICKELL AVE

3. Mailing Address
1441 BRICKELL AVE

Suite, Apt. #, etc.
SUITE 1400

Suite, Apt. #, etc.
SUITE 1400

01252005 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1120138

Applied For
Not Applicable

Zip Country
33131 USA

Zip Country
33133 USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT ALLEN LAW OFFICE
1441 BRICKELL AVE.
STE. 1014
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **ROBERT ALLEN LAW**

Street Address (P.O. Box Number is Not Acceptable)
1441 BRICKELL AVE

SUITE 1400

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **PERALTA, ERNESTO**
STREET ADDRESS **1441 BRICKELL AVE., #1014**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Peralta, Ernesto**
STREET ADDRESS **1441 Brickell Avenue Ste 1400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SS** ☐ Change ☐ Addition
NAME **Bonavita, Umberto C.**
STREET ADDRESS **1441 Brickell Avenue, suite 1400**
CITY-ST-ZIP **MIAMI, FL 33131**

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

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

TITLE ☐ Change ☐ Addition
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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:

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

Umberto Bonavita

4/27/05

(305)372-3300

Date

Daytime Phone #