

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000032278 1. Entity Name TIXCO, LLC					
Principal Place of Business 1840 WEST 49 ST # 220-4 HIALEAH, FL 33012			Mailing Address P.O. BOX 144484 CORAL GABLES, FL 33114 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02152006 Chg-LLC CR2E083 (11/05)	
4. FEI Number				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ORDONEZ, SANTANDER 1840 WEST 49 ST # 220-4 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE PRAT, ALVARO 1840 WEST 49 ST. #220-4 HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000456007 03/16/06-80012-009 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE PRAT, DOLORES 18040 WEST 49 ST. #220-4 HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the 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 605, Florida Statutes.					
SIGNATURE: <i>Alvaro de Prat</i> ALVARO DE PRAT, MGR.				Date 2/28/06 301 861 2036	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					