

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

07 JUL -6 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06062007 Chg-LLC

CR2E083 (12/06) *YPS*

4. FEI Number
34-2018765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ HUMBERTO L ESQ
999 PONCE DE LEON BLVD
PENTHOUSE 1135
CORAL GABLES, FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME DE CASTRO, ALVARO
STREET ADDRESS 1001 BRICKELL BAY DRIVE, SUITE 3104
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR ☒ Delete
NAME MARTIN, RAFAEL
STREET ADDRESS 1001 BRICKELL BAY DRIVE, SUITE 3104
CITY-ST-ZIP MIAMI, FL 33131

TITLE S ☒ Delete
NAME MAURY, ANDREINA
STREET ADDRESS 1001 BRICKELL BAY DRIVE, SUITE 3104
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

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME de Castro, Alvaro
STREET ADDRESS 999 Brickell Ave Ste 1002
CITY-ST-ZIP Miami FL 33131

TITLE MGR ☐ Change ☒ Addition
NAME Perez, Alexander Nicolas
STREET ADDRESS 999 Brickell Ave Ste 1002 MIA FL
CITY-ST-ZIP 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000105870950
07/10/07--01042--008 **50.00

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Alvaro de Castro
6/7/07 305 381 8121