

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024187

Entity Name: FIRC TAMIAMI LLC

FILED
Apr 12, 2011
Secretary of State

Current Principal Place of Business:

2665 S BAYSHORE DRIVE
SUITE 302
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DRIVE
SUITE 302
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 20-1359914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAGA, ANTONIO O PT
2665 S BAYSHORE DRIVE
SUITE 302
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

FIRC MANAGEMENT INC
2665 S BAYSHORE DRIVE
SUITE 302
COCONUT GROVE, FL 33133 US

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: ANTONIO O. FRAGA

04/12/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MANSFIELD USA, INC.
Address: 2665 S BAYSHORE DR SUITE 302
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: PT
Name: FRAGA, ANTONIO O
Address: 2665 S BAYSHORE DR SUITE 302
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPS
Name: ALEXANDER, FRAGA W
Address: 2665 S BAYSHORE DR SUITE 302
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM
Name: FIRC MANGAEMENT, INC.
Address: 2665 S BAYSHORE DR SUITE 302
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM
Name: SOSA, ALEJANDRO H
Address: 2665 S BAYSHORE DR SUITE 302
City-St-Zip: COCONUT GROVE, FL 33133

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: ANTONIO O. FRAGA

PT

04/12/2011

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