

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050855

Entity Name: COQUI (USA), LLC**Current Principal Place of Business:**C/O ERNESTO SANCHEZ, P.A.
1313 PONCE DE LEON BLVD., STE. 301
CORAL GABLES, FL 33134**Current Mailing Address:**C/O ERNESTO SANCHEZ, P.A.
1313 PONCE DE LEON BLVD., STE. 301
CORAL GABLES, FL 33134**FEI Number:** 20-5088471**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ERNESTO SANCHEZ, P.A.
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MGR
Name MANTELLINI, PEDRO J
Address C/O 1313 PONCE DE LEON BLVD.,
STE. 301
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MANTELLINI, NERIDA P
Address C/O 1313 PONCE DE LEON BLVD.,
STE. 301
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MANTELLINI, TRIANA M
Address C/O 1313 PONCE DE LEON BLVD.,
STE. 301
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MANTELLINI-BAUDER, NERIDA V
Address C/O 1313 PONCE DE LEON BLVD.
STE. 301
City-State-Zip: CORAL GABLES, FL 33134

Title MGR
Name BAUDER, SANDRA H
Address 6311 CRAB ORCHARD RD
City-State-Zip: HOUSTON TX 77057

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO J. MANTELLINI**MANAGER****04/03/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date