

**2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEDRO J MANTELLINI

**MANAGER**

**04/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date