

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007184**

1. Entity Name  
**DEL AMO & SEGUROLA, PL**



Principal Place of Business  
**3211 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US**

Mailing Address  
**3211 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US**



03142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1017520</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CARLOS DEL AMO, P.A.  
201 SEVILLA AVENUE, SUITE 202  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRP
NAME	DEL AMO, CARLOS PA
STREET ADDRESS	3211 PONCE DE LEON BLVD., #200
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	P
NAME	SEGUROLA, IGNACIO
STREET ADDRESS	3211 PONCE DE LEON BLVD., #200
CITY-ST-ZIP	CORAL GABLES, FL 33134

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04/02/05-80049-002 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/22/05 305 443 7005