

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90132 005 ****50.00

DOCUMENT # L00000015653

1. Entity Name
DERFLA, USA, L.L.C.



Principal Place of Business

**2690 S.W 28TH LN
MIAMI, FL 33133**

Mailing Address

**2690 S.W 28TH LN
MIAMI, FL 33133**

24084851

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1715 Española Drive



09082004 Chg-LLC CR2E083 (10/03)

City & State

City & State

Miami FL

4. FEI Number

65-1068141

Applied For

Not Applicable

Zip

Country

Zip

Country

33133

USA

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERDOMO, MICHELLE L P.A.
100 NORTH BISCAYNE BOULEVARD, STE 3000
MIAMI, FL 33132**

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

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FERRARI-RISLER, ALEJANDRO C**
STREET ADDRESS **1715 ESPANOLA DRIVE**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Alejandro Ferrarri Mgr.

9-1-04 (905) 856-2887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #