

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L00000016187

1. Entity Name
FIMEX UNITED LLC



Principal Place of Business

**500 NE SPANISH RIVER BLVD., (101)
BOCA RATON, FL 33431**

Mailing Address

**500 NE SPANISH RIVER BLVD., (101)
BOCA RATON, FL 33431**



01062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1067540

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, I.L.
500 NE SPANISH RIVER BLVD., (101)
BOCA RATON, FL 33431**

**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

I.L. Cohen
Signature, typed or printed name of registered agent and title if applicable

I.L. COHEN

(NOTE: Registered Agent signature required when reinstating)

4-7-08

DATE
04/24/08-80058-019 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COHEN, I.L.
500 NE SPANISH RIVER BLVD #101
BOCA RATON, FL 33431**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-7-08

Date

561-392-2131

Daytime Phone #