

11412-7

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90053 034 \*\*\*150.00

DOCUMENT # L01000006680

1. Entity Name  
TAVMAR INVESTMENTS L.C.



Principal Place of Business  
444 BRICKELL AVENUE  
SUITE 421  
MIAMI, FL 33131

Mailing Address  
444 BRICKELL AVENUE  
SUITE 421  
MIAMI, FL 33131

24054441



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

02102004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

02-0538362

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CABEZA, MANUEL E  
338 MINORCA AVE.  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Transglobal Cporate Administration LLC

Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Drive, Suite 0-305

City Miami

FL

Zip Code 33131

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME TAVARES, CHARLES  
STREET ADDRESS 444 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI, FL 33131

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE Manager  
NAME Marcos Tavares Costa Carvalho  
STREET ADDRESS 1581 Brickell Avenue #505  
CITY-ST-ZIP Miami, Florida 33129

☐ Change ☒ Addition

TITLE Vice President  
NAME Tavares de Melo, Paulo  
STREET ADDRESS 1581 Brickell Avenue #505  
CITY-ST-ZIP Miami, Florida 33129

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

2/25/04

805 374 3800