

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000018557

1. Entity Name
AQUILA HOLDINGS LLC



Principal Place of Business

2665 SO BAYSHORE DR
SUITE 601
MIAMI, FL 33133 US

Mailing Address

2665 SO BAYSHORE DR
SUITE 601
MIAMI, FL 33133 US

DO NOT WRITE IN THIS SPACE



02052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-1148651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAZOOK, RICHARD
HUNTON & WILLIAMS
1111 BRICKELL AVE STE 2500
MIAMI, FL 33131

**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 reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000638619
02/27/07-80039-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BACARDI, FACUNDO L
STREET ADDRESS 2665 S BAYSHORE DR STE 601
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGR
NAME RAZOOK, RICHARD J
STREET ADDRESS 1111 BRICKELL AVE STE 2500
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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

Date

Daytime Phone #

2/6/07

305-285-5588