

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90160 002 ****50.00

DOCUMENT # L02000007614

1. Entity Name
CARICIA INTIMA INTERNATIONAL, L.L.C.



Principal Place of Business
8372 MILLS DR
MIAMI, FL 33183

Mailing Address
8372 MILLS DR
MIAMI, FL 33183

24010339



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
02-0571041

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

RESTREPO, DORIS
8372 MILLS DR
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name Cesar Augusto Jimenez Zarate
Street Address (P.O. Box Number is Not Acceptable)
8372 Mills Drive
City Miami FL 33183

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

Cesar Jimenez

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

(NOTE: Registered Agent signature required when reinstating)

2/10/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ZARATE, MARIA VICTORIA
STREET ADDRESS 8612 SW 147 PLACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE MGRM ☐ Delete
NAME JIMENEZ-GALLEGO, DANIEL A
STREET ADDRESS 8612 SW 147 PLACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE MGRM ☐ Delete
NAME JIMENEZ-ZARATE, CESAR AUGUSTO
STREET ADDRESS 8612 SW 147 PLACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Cesar Jimenez

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

2/10/04 (305) 279-4580

Date

Daytime Phone #