

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90293 005 \*\*\*\*50.00

**DOCUMENT # L02000007614**



1. Entity Name  
**CARCIA INTIMA INTERNATIONAL, L.L.C.**

Principal Place of Business  
**8372 MILLS DR  
MIAMI, FL 33183**

Mailing Address  
**8372 MILLS DR  
MIAMI, FL 33183**

2. Principal Place of Business  
**6610 Collins Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**6610 Collins Avenue**  
Suite, Apt. #, etc.



03042005 Chg-LLC CR2E083 (10/03)

City & State  
**Miami Beach**  
Zip  
**33141**  
Country  
**Dade**

City & State  
**Miami Beach**  
Zip  
**33141**  
Country  
**Dade**

4. FEI Number  
**02-0571041**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JJIMENEZ ZARATE, CESOR AUGUSTO  
8372 MILLS DR  
MIAMI, FL 33183**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

**FL**

**33141**

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

**3/4/05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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:**

*Cesar Jimenez*

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

Date

Daytime Phone #

**3/4/05 (786) 260-5394**