

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011698

1. Entity Name
CORTAZAR LLC



Principal Place of Business
**111 NE 1 STREET
MIAMI FL 33132**

Mailing Address
**340 S. HIBISCUS DRIVE
MIAMI BEACH FL 33139**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

1st MOORE CR2E083 (10/05)

4. FEI Number **56-2373998** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MEURRENS, EDIT
340 S. HIBISCUS DRIVE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE **2-10-06**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORTAZAR, ESTEBAN 340 S. HIBISCUS DRIVE MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000432310 02/23/06-30064-005 50.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEURRENS, EDIT 340 S. HIBISCUS DRIVE MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DATE **2-10-06**