

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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**

FILED
Apr 30, 2007 08:00 AM
Secretary of State



04282007 No Chg-LLC

CR2E083 (11/05)

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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**

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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 reinstating)

DATE _____

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

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORTAZAR, ESTEBAN 340 S. HIBISCUS DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEURRENS, EDIT 340 S. HIBISCUS DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/15/07-80150-025 50.00

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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 #

4.25.07 305.604-9735