

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90034 050 \*\*\*138.75

**DOCUMENT # L02000011698**

1. Entity Name  
**CORTAZAR LLC**



Principal Place of Business

**111 NE 1 STREET  
9TH FLOOR  
MIAMI, FL 33132**

Mailing Address

**111 NE 1 STREET  
9TH FLOOR  
MIAMI, FL 33132**

00007471



02182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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  
111 NE 1 STREET  
9TH FLOOR  
MIAMI, FL 33132**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

|                |                       |                 |
|----------------|-----------------------|-----------------|
| TITLE          | MGR                   | 111 NE 1 Street |
| NAME           | CORTAZAR, ESTEBAN     | 9th floor       |
| STREET ADDRESS | 340 S. Hibiscus Drive |                 |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33139 | Miami, FL 33132 |
| TITLE          | MGR                   | 111 NE 1 Street |
| NAME           | MEURRENS, EDIT        | 9th floor       |
| STREET ADDRESS | 340 S. Hibiscus Drive |                 |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33139 | Miami, FL 33132 |
| TITLE          |                       |                 |
| NAME           |                       |                 |
| STREET ADDRESS |                       |                 |
| CITY-ST-ZIP    |                       |                 |
| TITLE          |                       |                 |
| NAME           |                       |                 |
| STREET ADDRESS |                       |                 |
| CITY-ST-ZIP    |                       |                 |
| TITLE          |                       |                 |
| NAME           |                       |                 |
| STREET ADDRESS |                       |                 |
| CITY-ST-ZIP    |                       |                 |

**DO NOT WRITE  
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

4.28.08

Date

305.604.9735

Daytime Phone #