

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000011979

1. Entity Name  
F & C INTERNATIONAL INVESTMENTS, LLC



Principal Place of Business  
2307 DOUGLAS RD  
400  
MIAMI, FL 33145 US

Mailing Address  
2307 DOUGLAS RD  
400  
MIAMI, FL 33145 US



04282005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3671413

Applied For  
Not Applicable

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

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

OVIES, IDA C  
2307 DOUGLAS RD  
400  
MIAMI, FL 33145

**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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FOURMENTAL, CARLOS J
STREET ADDRESS	AV SANTA FE 9 PISO, DEPTO A
CITY-ST-ZIP	BUENOS AIRES, BA 1425
TITLE	MGRM
NAME	GARCIA FOURMENTEL, NOEMI J
STREET ADDRESS	AV SANTA FE 9 PISO, DEPTO A
CITY-ST-ZIP	BUENOS AIRES, BA 1425
TITLE	MGRM
NAME	FOURMENTEL, FEDERICO G
STREET ADDRESS	AV SANTA FE 9 PISO, DEPTO A
CITY-ST-ZIP	BUENOS AIRES, BA 1425
TITLE	MGRM
NAME	FOURMENTEL, MARIA C
STREET ADDRESS	AV SANTA FE 9 PISO, DEPTO A
CITY-ST-ZIP	BUENOS AIRES, BA 1425
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000350095  
05/02/05-80090-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #