

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000012393

1. Entity Name  
TERRA-ADI INTERNATIONAL DADELAND, LLC



Principal Place of Business

C/O PEDRO A. MARTIN  
1220 BRICKELL AVE., STE. 1840  
MIAMI, FL 33131

Mailing Address

C/O PEDRO A. MARTIN  
1220 BRICKELL AVE., STE. 1840  
MIAMI, FL 33131

**FILED**  
05 FEB 18 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
14-1838926

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A  
1220 BRICKELL AVE., STE. 1840  
MIAMI, FL 33131

**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	MGR
NAME	MARTIN, PEDRO A
STREET ADDRESS	1220 BRICKELL AVE., STE. 1840
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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500047243785  
02/24/05--01045--011 \*\*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 #