


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L02000016698</b> 1. Entity Name SELQUET LLC	
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Principal Place of Business 2307 DOUGLAS RD 400 MIAMI, FL 33145 US	Mailing Address 2307 DOUGLAS RD 400 MIAMI, FL 33145 US
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04282005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0470702	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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




**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORCADA DE SARLENGA, DELIA NELIDA DR PEDRO IGANCIO RIVERA 4349 BUENOS AIRES, BA 1430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SARLENGA, DANIEL A DR PEDRO IGNACIO RIVERA 4349 BUENOS AIRES, BA 1430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SARLENGA, FERNANDO M DR PEDRO IGNACIO RIVERA 4349 BUENOS AIRES, BA 1430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000350092  
05/02/05-80090-023 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 #