

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90222 020 ****50.00

DOCUMENT # L02000022823

1. Entity Name
VERDIN, LLC



Principal Place of Business
**QUINTA 91-71, CALLE ORION TRIGAL NORTE
VALENCIA, VENEZUELA,**

Mailing Address
**APARTADO 2141
VALENCIA, VENEZUELA,**

2. Principal Place of Business

3. Mailing Address
VLN 1036

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. Box 025685

04302004 Chg-LLC CR2E083 (10/03)

City & State

City & State
Miami, Florida

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

33102-5685 USA

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

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE. SUITE 125
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ESTRADA, ANGEL**
STREET ADDRESS **QUINTA 91-71, CALLE ORION TRIGAL NORTE**
CITY-ST-ZIP **VALENCIA, VENEZUELA,**

TITLE **MGR** ☐ Delete
NAME **AGUILLERA, LYLIAN**
STREET ADDRESS **QUINTA 91-71, CALLE ORION TRIGAL NORTE**
CITY-ST-ZIP **VALENCIA, VENEZUELA,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

ANGEL ESTRADA 5/18/2004 (58) 414 432 9901