

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 MAY 10 AM 10:41

DATE
FILED

DOCUMENT # L02000024187

1. Entity Name
FIRC TAMIAMI LLC



\$50.00

Principal Place of Business

2299 DOUGLAS ROAD
4TH FLOOR
MIAMI, FL 33145 US

Mailing Address

2299 DOUGLAS ROAD
4TH FLOOR
MIAMI, FL 33145 US



01092006 No Chg-LLC

CR2E083 (11/05)

06

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~06-0878447~~ 20-1359914 ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FIRC MANAGEMENT, INC.
2299 DOUGLAS ROAD
4TH FLOOR
MIAMI, FL 33145

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MANSFIELD USA, INC.
STREET ADDRESS 2299 DOUGLAS ROAD, 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE PT
NAME FRAGA, ANTONIO O
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE VPS
NAME ALEXANDER, FRAGA W
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE MGRM
NAME FIRC MANGAEMENT, INC.
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE MGRM
NAME SOSA, ALEJANDRO H
STREET ADDRESS 2299 DOUGLAS RD., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600075286016
05/25/06--01024--015 **750.00

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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

4/28/06

Date

(305) 860-2300

Daytime Phone #