



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000034821 1. Entity Name GRUPPO EPOCA USA, LLC					
Principal Place of Business 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135			Mailing Address 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02062008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-0669975	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BIDO, JUAN D 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENA RODRIGUEZ, HIPOLITO <input type="checkbox"/> Delete 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> 000000856897 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/28/08-80022-016 138.75 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENA ABREU, HIPOLITO <input type="checkbox"/> Delete 3663 S.W. 8TH STREET THIRD FLOOR MIAMI, FL 33135			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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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: <u>HIPOLITO DE NA RODRIGUEZ</u> 3/10/08 216-8650 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					