

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90144 002 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000008237

1. Entity Name
COYSERCA INTERNATIONAL, LLC



Principal Place of Business
603 LIVE OAK LANE
WESTON, FL 33327

Mailing Address
603 LIVE OAK LANE
WESTON, FL 33327

24015249



2. Principal Place of Business 19877 E Country Suite, Apt. #, etc. CLUB-DAVE 3-307	3. Mailing Address 19877 E Country Club Drive Suite, Apt. #, etc. 3-307
City & State Aventura FL	City & State Aventura FL
Zip 33180	Country

02242004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0680288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOVAR, ILEANA A ESQ.
1725 MAIN STREET, SUITE 205
WESTON, FL 33326

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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOLINA, JESUS 603 LIVE OAK LANE WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	19877 E. Country Club Drive #3-307 Aventura, FL 33180 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOLINA, ELISAUL 603 LIVE OAK LANE WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOLINA, GULFREDO 603 LIVE OAK LANE WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOLINA, CESAR 603 LIVE OAK LANE WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: Tenisha Molina
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #