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Secretary of State
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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000009871

1. Entity Name
SEVILLE IMPORTS, LLC

JUULUUUU

Principal Pla[redacted]of Business	Maili[redacted]Address
200 S. BISC[redacted]E BLVD., SUITE 4100 MIAMI, FL 33[redacted]1	200[redacted]BISCAYNE BLVD., SUITE 4100 MIAMI[redacted] 33131

01062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
806 Douglas Road		806 Douglas Road	
Suite, Apt. #, etc.: Suite 580		Suite, Apt. #, etc.: Suite 580	
City & State: Coral Gables, FL		City & State: Coral Gables, FL	
Zip: 33134	Country: US	Zip: 33134	Country: US

4. FEI Number: 20-5024813 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE INTER[redacted]TIONAL REGISTERED AGENTS
200 SOUTH BISCAYN[redacted]LVD.
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Registered Agent Corporate Services Inc.
Street Address (P.O. Box Number is Not Acceptable): 806 Douglas Road
Suite 580
City: Coral Gables **FL** Zip Code: 33134

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] 4/28/06
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

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEVILLE IMPORTS, INC. PARROCO VICENTE MOYA 14 41840 PILAS, SEVILLE, SPAIN.	☐ 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
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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 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: ANTONIO CARRASCO, PRESIDENT [signature] 3/31/06 7862645343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT 30010569

#L03000009871

Form **SS-4** (Rev. February 2006)
Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN 20-5024813

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
SEVILLE IMPORTS, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
806 DOUGLAS ROAD, SUITE 580

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
CORAL GABLES, FL 33134

5b City, state, and ZIP code

6 County and state where principal business is located
MIAMI-DADE COUNTY, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
SEVILLE IMPORTS, INC. - Sole Member

7b SSN, ITIN, or EIN
EIN 65-0803606

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ ___
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ___
- ☑ Other (specify) ▶ SINGLE-MEMBER LLC
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☐ Trust (SSN of grantor) ___
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (check only one box)

- ☑ Started new business (specify type) ▶ HOLDING COMPANY
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ___
- ☐ Changed type of organization (specify new type) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ___
- ☐ Created a pension plan (specify type) ▶ ___

10 Date business started or acquired (month, day, year). See instructions.
MARCH 19, 2003

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months (enter -0- if none).	Agricultural	Household	Other
Do you expect to have $1,000 or less in employment tax liability for the calendar year? ☐ Yes ☐ No. (If you expect to pay $4,000 or less in wages, you can mark yes.)	0	0	0

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify)

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HOLDING COMPANY

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code) ( )

Address and ZIP code | Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ ANTONIO CARRASCO | Applicant's telephone number (include area code) ( )

Signature ▶ Date ▶ 6/12/06 | Applicant's fax number (include area code) ( )