


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90072 020 ****50.00

DOCUMENT # L03000012042	
1. Entity Name PRIEX USA, LLC	

Principal Place of Business 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126	Mailing Address 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126
--	--

24078437

2. Principal Place of Business 3080 Fairlane Farms Rd.	3. Mailing Address 3080 Fairlane Farms Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07122004 Chg-LLC CR2E083 (10/03)

City & State Wellington, FL	City & State Wellington, FL	4. FEI Number 33-1059853	Applied For <input type="checkbox"/> Not Applicable
Zip 33414	Country USA	Zip 33414	Country USA

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

6. Name and Address of Current Registered Agent ARMAS, ANGEL ESQ. 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Julio Barbosa Street Address (P.O. Box Number is Not Acceptable) 121 Alhambra Plaza, 10th Floor 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  DATE **7/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIEX IMPORTAÇÃO E EXPORTAÇÃO LTDA PRAÇA GETÚLIO VARGAS,35, SALA820 VITORIA, ES CEP29010- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ismael Lopes 2712 Danforth Terrace Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

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

Date Daytime Phone #