## 2005 LIMITED LIABILITY COMPANY

## Mar 21, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000015762** 03-21-2005 90531 006 \*\*\*\*50.00 1. Entity Name THE REPUBLIC 2, LLC Principal Place of Business Mailing Address 20022951 1390 BRICKELL AVENUE, SUITE 200 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 48-1308759 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVARO CASTILLO B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1 Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change Addition Delete VENOSTA, JORGE NAME NAME 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE DEL CARMEN, MARIA NAME 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP MIAMI, FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete NAME DE VENOSTA, ALBERT NAME 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

**FILED** 

Daytime Phone #