


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

01-27-2004 90019 001 ****50.00

DOCUMENT # L03000016377 1. Entity Name AVISPA SCOOTERS USA, L.L.C.																																																																																																								
Principal Place of Business 848 BRICKELL AVENUE, 4TH FLOOR MIAMI, FL 33131			Mailing Address P.O. BOX 310999 MIAMI, FL 33132																																																																																																					
2. Principal Place of Business 7311 NW 12th St		3. Mailing Address																																																																																																						
Suite, Apt. #, etc. #2		Suite, Apt. #, etc.																																																																																																						
City & State MIAMI, FL		City & State																																																																																																						
Zip 33126		Country		Zip																																																																																																				
Country		Country																																																																																																						
4. FEI Number 45-0514929																																																																																																								
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																								
6. Name and Address of Current Registered Agent ECHIVARRIA, NELSON 848 BRICKELL AVENUE, 4TH FLOOR MIAMI, FL 33131			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 resigning)</small>																																																																																																								
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">ECHIVARRIA, NELSON</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">5910 WEST THIRD LANE</td> </tr> <tr> <td></td> <td colspan="2">HIALEAH, FL 33140</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">ECHIVARRIA, ANDY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">125 EAST 37TH STREET</td> </tr> <tr> <td></td> <td colspan="2">HIALEAH, FL 33013</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">ECHIVARRIA, HERMAN</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">5055 COLLINS AVENUE</td> </tr> <tr> <td></td> <td colspan="2">MIAMI BEACH, FL 33140</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	ECHIVARRIA, NELSON		CITY-ST-ZIP	5910 WEST THIRD LANE			HIALEAH, FL 33140		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	ECHIVARRIA, ANDY		CITY-ST-ZIP	125 EAST 37TH STREET			HIALEAH, FL 33013		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	ECHIVARRIA, HERMAN		CITY-ST-ZIP	5055 COLLINS AVENUE			MIAMI BEACH, FL 33140		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																						
STREET ADDRESS	ECHIVARRIA, NELSON																																																																																																							
CITY-ST-ZIP	5910 WEST THIRD LANE																																																																																																							
	HIALEAH, FL 33140																																																																																																							
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																						
STREET ADDRESS	ECHIVARRIA, ANDY																																																																																																							
CITY-ST-ZIP	125 EAST 37TH STREET																																																																																																							
	HIALEAH, FL 33013																																																																																																							
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																						
STREET ADDRESS	ECHIVARRIA, HERMAN																																																																																																							
CITY-ST-ZIP	5055 COLLINS AVENUE																																																																																																							
	MIAMI BEACH, FL 33140																																																																																																							
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
STREET ADDRESS																																																																																																								
CITY-ST-ZIP																																																																																																								
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
STREET ADDRESS																																																																																																								
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: _____ 1/22/04 (305) 468-8636 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																								



Attachment
34000310

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 28, 2004

AVISPA SCOOTERS USA, L.L.C.
P.O. BOX 310999
MIAMI, FL 33132

Subject: AVISPA SCOOTERS USA, L.L.C.

Reference Number: L03000016377

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/jb
ANNUAL REPORTS SECTION