

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000018968**

1. Entity Name  
**PROCOVAL USA, LLC**



Principal Place of Business  
**1820 N CORPORATE LAKES BLVD.  
303  
WESTON, FL 33326**

Mailing Address  
**1820 N CORPORATE LAKES BLVD.  
303  
CORAL GABLES, FL 33326 US**



01232006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0784679**

Applied For  
Not Applied

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VALLECILLA, SARA  
1820 N CORPORATE LAKES BLVD.  
303  
CORAL GABLES, FL 33326**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	VALLECILLA, LEONARDO
STREET ADDRESS	1820 N CORPORATE LAKES BLVD., SUITE 303
CITY-ST-ZIP	WESTON, FL 33326

TITLE	MGR
NAME	VALLECILLA, CARLOS
STREET ADDRESS	1820 N CORPORATE LAKES BLVD., SUITE 303
CITY-ST-ZIP	WESTON, FL 33326

TITLE	MGR
NAME	VALLECILLA, SARA
STREET ADDRESS	1820 N CORPORATE LAKES BLVD., SUITE 303
CITY-ST-ZIP	WESTON, FL 33326

TITLE	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

U00000428664  
02/21/06-80054-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_