

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

04-30-2004 90077 047 ****55.00

DOCUMENT # L03000023007

1. Entity Name
**FERRELL SCHULTZ CARTER & FERTEL -
MEXICO-U.S.A., LLC**



Principal Place of Business
**201 S. BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131 US**

Mailing Address
**201 S. BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-0187696

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRELL GROUP CORPORATE SERVICES, L.L.C.
201 S. BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **managing member** ☐ Delete
NAME **Ferrell Schultz Carter + Ferrel, P.A.**
STREET ADDRESS **201 S. Biscayne Blvd., 34th Floor**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Maya Calabroglione**

4/21/04 305-371-8585

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

Date

Daytime Phone #