

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025586

1. Entity Name  
AGUAMARINA INVESTMENT, LLC



FILED

06 MAY -1 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7801 NW 72ND AVENUE  
MEDLEY, FL 33166

Mailing Address  
C/O CANTERA & ASSOCIATES INC.  
2300 CORAL WAY STE 200  
MIAMI, FL 33145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
55-0850816

Applied For  
Not Applicable

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

CORPORATE PROCESS SERVICES  
1320 CORAL WAY  
MIAMI, FL 33145

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, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MEDEROS GONZALEZ, YVAN JOSE  
7801 NW 72ND AVENUE  
MEDLEY, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500075104445  
05/23/06--01052--010 \*\*\$5.00 ☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

YVAN JOSE MEDEROS GONZALEZ

4-17-06 305-8560056