

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000030896

1. Entity Name
FLORIDA USA & PARTNERS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 9:59

Principal Place of Business
777 NE 77TH TERR.
MIAMI, FL 33138

Mailing Address
9500 W BROADVIEW DR
MIAMI BEACH, FL 33154

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

07152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0168712

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
Patrick Villies

Street Address (P.O. Box Number is Not Acceptable)
700 E. Dania Bch Blvd #202

City
Dania

FL Zip Code
33004

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)

7/20/05

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
JOUGUET, MARIE LUCE
777 NE 77TH TERR.
MIAMI, FL 33138

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
PELLETIER, JEAN C
777 NE 77TH TERR.
MIAMI, FL 33138

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

07/25/05--010501-022 ***50.00

☐ 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:

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

Date

Daytime Phone #