

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2007 08:00 A
Secretary of State

DOCUMENT # L03000040649

1. Entity Name
CYCLOGLOBE MARKETING AND TRADING, LLC



Principal Place of Business

1328 SE 25 LOOP
SUITE 101
OCALA, FL 34471 US

Mailing Address

P.O. BOX 129
LOWELL, FL 32663



05042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0713798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALDARRAGA, ALVARO
10180 NW 76TH TERRACE
OCALA, FL 34482

**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 September 14, 2007

0000000752336
05/29/07-80007-001-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FAKHOURY, JAMAL
C/O M. FELIPE, 888 BRICKELL AVE, 5TH FLOOR
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EURIBE & SONS, LLC
C/O M. FELIPE, 888 BRICKELL AVE, 5TH FLOOR
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MEJIA, JUAN D
C/O M. FELIPE, 888 BRICKELL AVE, 5TH FLOOR
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SALDARRAGA, ALVARO
C/O M. FELIPE, 888 BRICKELL AVE, 5TH FLOOR
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

May 2/07

Date

352-722065

Daytime Phone #