

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90054 021 \*\*\*\*50.00

**DOCUMENT # L03000042062**

1. Entity Name  
THE AMERICAS INVESTMENT GROUP, LLC



Principal Place of Business  
ROB KOSBERG-11238 MANDERLY LANE  
WELLINGTON, FL 33467

Mailing Address  
ROB KOSBERG 11238 MANDERLY LANE  
WELLINGTON, FL 33467



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-0381523

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KOSBERG, ROBERT  
11238 MANDERLY LANE  
WELLINGTON, FL 33467

## 7. Name and Address of New Registered Agent

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, 2007**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME KOSBERG, ROB  
STREET ADDRESS 11238 MANDERLY LANE  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE MGRM ☐ Delete  
NAME KOSBERG, HARVEY  
STREET ADDRESS 11238 MANDERLY LANE  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE MGRM ☐ Delete  
NAME KOSBERG, HARVEY  
STREET ADDRESS 7661 LAKE WORTH ROAD  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE MGRM ☐ Delete  
NAME KOSBERG, ROB  
STREET ADDRESS 11238 MANDERLY LANE  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 #

1-9-07 561-434-1414