


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # L04000002587	
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1. Entity Name
DEMIANA IMPEX LTD. CO.

Principal Place of Business
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

Mailing Address
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

2. Principal Place of Business
35 Barrack Rd.
Suite, Apt. #, etc.

3. Mailing Address
1220 N. Market St.
Ste. 808
Suite, Apt. #, etc.

04212005 Chg-LLC CR2E083 (10/03)

City & State
Belize City
Country
Belize

City & State
Wilmington, DE
Zip
19801
Country

4. FEI Number
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name
Florida Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1333 N. Duval St.
City
Tallahassee FL Zip Code
32302

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
MRS. LLANIT KOTLER
STREET ADDRESS
360 SOUTH SHORE DRIVE
CITY-ST-ZIP
SARASOTA, FL 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
Mrs. Llanit Kotler
STREET ADDRESS
35 Barrack Rd.
CITY-ST-ZIP
Belize City, Belize ☒ Change ☐ Addition

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

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

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

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

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]
Signature and typed or printed name of signing managing member, manager, or authorized representative

[Signature]
Signature and typed or printed name of signing managing member, manager, or authorized representative

4-21-05

Date

Daytime Phone #

302-421-5752