## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 28, 2005 8:00 am **Secretary of State**

03-28-2005 90294 036 \*\*\*\*55.00 **DOCUMENT # L04000005554** 1. Entity Name MRC/ASIA, LLC "COLTPUUP Principal Place of Business · · · Mailing Address 14600 S.W. 136TH STREET 14600 S.W. 136TH STREET MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 CR2E083 (10/03) Chg-LLC Applied For City & State City & State 4. FEI Number 20-0754006 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 111 SW 3RD STRE€T; 6TH FLOOR MIAMI, FL 33130 .-City 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 FIELD 1 Make check payable to - . : 21bc :: Florida Department of State Vistor 4 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ☐ Delete Addition TITLE TILLE ☐ Change MGRM NAME NAME Castellanos, Raimun 14600 SW 136 Street Raimundo STREET ADDRESS STREET ADDRESS Miami, Florida 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE MGRM ☐ Change Addition Castellanos, Michelle 14600 SW 136 Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP <u>Miami, Florida 33186</u> MLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete **TITLE** ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Elliott Harris March 25, 2005 (305)3580146 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #