

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011909

Entity Name: AVANTI LATIN AMERICA LLC

FILED  
May 12, 2009  
Secretary of State

## Current Principal Place of Business:

5220 S UNIVERSITY DR  
SUITE 107  
DAVIE, FL 33328

## New Principal Place of Business:

9300 N.W 58TH STREET  
SUITE 208  
MIAMI, FL 33178

## Current Mailing Address:

5220 S UNIVERSITY DR  
SUITE 107  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: 20-0743320      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HERNANDEZ, HECTOR J PD  
5220 S UNIVERSITY DR  
SUITE 107  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HECTOR, HERNANDEZ J PD  
Address: 5220 S UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: CADENA, ROBERTO C VPD  
Address: 5220 S UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: ALCOCER, ANDRES A VSPD  
Address: 5220 S UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: GONZALEZ, ANDRES F VPD  
Address: 5220 S UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HECTOR HERNANDEZ

MGR

05/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date