

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90424 006 ****55.00

DOCUMENT # L04000019716

1. Entity Name
MOVITERRA HOLDINGS LLC



Principal Place of Business
**1835 MAIN ST, STE 101
WESTON, FL 33326**

Mailing Address
**1835 MAIN ST, STE 101
WESTON, FL 33326**

20026409



2. Principal Place of Business
1910 Cedar Court
Suite, Apt. #, etc.

3. Mailing Address
1910 Cedar Court
Suite, Apt. #, etc.

03222005 Chg-LLC CR2E083 (10/03)

City & State
Weston, Florida
Zip
33327
Country
USA

City & State
Weston, Florida
Zip
33327
Country
USA

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

**URQUIOLA, JOAQUIN
GOLDSTEIN SCHECHTER PRICE, ET AL
2121 PONCE DE LEON BLVD, STE 1100
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Mariamely Mota
Street Address (P.O. Box Number is Not Acceptable)
1910 Cedar Court
City
Weston **FL** Zip Code
33327

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 * **Mariamely Mota** **MARIAMELY MOTA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

-03/28/05

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MOTA, FREDDY
1835 MAIN ST, STE 101
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MELANIA SACHEZ DE MOTA
1835 MAIN ST, STE 101
WESTON, FL 33326** ☐ 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
STREET ADDRESS
CITY-ST-ZIP
**MGR
Mota Freddy
1910 Cedar Court, Weston, FL 33327** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Melania Sanchez de Mota
1910 Cedar Court, Weston, FL 33327** ☒ Change ☐ Addition

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

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

TITLE
NAME
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: * **Mariamely Mota** **MARIAMELY MOTA** **03/28/05** **(954) 349-6756**

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

Date

Daytime Phone #