

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90081 007 ***138.75

DOCUMENT # L04000025797

1. Entity Name
EXCELAMERICA, LLC



Principal Place of Business
8306 NW 56TH ST.
MIAMI, FL 33166

Mailing Address
8306 NW 56TH ST.
MIAMI, FL 33166



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0864245

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEJIA, JUAN CAMILO
~~4623 NW 97 COURT~~
~~MIAMI, FL 33178~~

Same as above

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
ARANGO, DIEGO
STREET ADDRESS
~~4623 NW 97 COURT~~ *Same as above*
CITY-ST-ZIP
~~MIAMI, FL 33178~~

TITLE
NAME
MGR
ECHA VARRIA, FERNAN
STREET ADDRESS
~~4623 NW 97 COURT~~ *Same as above*
CITY-ST-ZIP
~~MIAMI, FL 33178~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Juan C. Mejia

4/24/08

305-5925269

Date

Daytime Phone #