

2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 25 PM 4:38

SECRETARY OF STATE
3000 W. WASHINGTON AVENUE, SUITE 300
TALLAHASSEE, FLORIDA 32310-0001
08/20/08--01025--001 **138.75

CR2E041 (12/07)

LIMITED LIABILITY COMPANY
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000026906
1. Limited Liability Company's Name
MERCOINVESTMENT CONSULTING GROUP, L.L.C.

2. Principal Office Address - No P.O. Box # 9511 COLLINS AVE Suite, Apt. #, etc. 909 City & State SURFSIDE Zip 33154		Country USA		3. Mailing Office Address 9511 COLLINS AVE Suite, Apt. #, etc. 909 City & State SURFSIDE Zip 33154		Country USA	
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4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
20-0988428

Applied For	
Not Applicable	

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JOSEPH NAE

Street Address (P.O. Box Number is Not Acceptable)
1549 NE 123RD STREET

Suite, Apt. #, Etc.

City
N MIAMI

State
FL

Zip Code
33161

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Joseph Nae* Date **8/15/8**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HORACIO BERCUN	9511 COLLINS AVE APT 909	SURFSIDE FL 33154

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *Horacio Bercun* Date **8/15/8** Daytime Phone # **305-541-3980**

Typed or printed name of signing Managing Member/Manager