## **2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT (AR)

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # L04000030275 1. Entity Name 04-24-2006 90061 046 \*\*\*\*50.00 INVESTA INTERNATIONAL LLC Principal Place of Business Mailing Address 1581 BRICKELL AVENUE 1581 BRICKELL AVENUE UNIT 1807 UNIT 1807 MIAMI FL 33129 US MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address 31 SE Sth Street 31 SE, 5th Street Suite, Apt. #, etc. CR2E083 (10/05) 1st MOORE 3308 City & State 4. FEI Number Applied For MIAMI, FL 20-1052965 MIAMI Not Applicable Country (/SA Zip 33131 \$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 GEOFFREY M. WAYNE, P.A. Street Address (P.O. Box Number is Not Acceptable) 1201 BRICKELL AVENUE **SUITE 220** MIAMI FL 33131 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. Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE. . MGRM Delete Change Addition NAME \* HERRERA, VERONICA NAME 31 SE 5th St. # 3308 STREET ADDRESS 1581 BRICKELL AVENUE, UNIT 1807 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 🖔 ☐ Delete Change Addition HERRERA, RODOLFO NAME 31 SE 57h St. # 3308 STREET ADDRESS 1581 BRICKELL AVENUE, UNIT 1807 STREET ADDRESS CITY - ST- 7IP CITY-ST ZIP MIAMI FL 33129 Delete TITLE TITL C Change Change Addition Addition NAME NAME MARSIGLIA, ALMA 316E 57h St. 43308 MIAMI, FL 33131 STREET ADDRESS STREET ADDRESS 1581 BRICKELL AVENUE, UNIT 1807 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 TITLE ☐ Delete TITLE [ ] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

JRE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEI

**FILED**