

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068494

FILED
Apr 07, 2009
Secretary of State

Entity Name: JOCOSA, LLC

Current Principal Place of Business:

CRA. 100 # 23H 63
BOGOTA, CO BOGOTA CO

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 20-1649298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126 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: MGRM () Delete
Name: PASOS, ORFA NELLY
Address: CRA. 100 # 23H 63
City-St-Zip: BOGOTA, CO BOGOTA CO

Title: MGRM () Delete
Name: DEL RIO PASOS, JUAN FELIPE
Address: CRA. 100 # 23H 63
City-St-Zip: BOGOTA, CO BOGOTA CO

Title: MGRM () Delete
Name: DEL RIO PASOS, CATALINA
Address: CRA. 100 # 23H 63
City-St-Zip: BOGOTA, CO BOGOTA CO

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:

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: ORFA NELLY PASOS MGRM 04/07/2009

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