

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000084097

1. Entity Name
TROVI INVESTMENTS, LLC



Principal Place of Business
**1824 BRICKELL AVE. #2A
MIAMI, FL 33129**

Mailing Address
**1824 BRICKELL AVE. #2A
MIAMI, FL 33129**



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1914695

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TROCHEZ, JOSE RICARDO
1824 BRICKELL AVE. #2A
MIAMI, FL 33129**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TROCHEZ, JOSE RICARDO
STREET ADDRESS	1824 BRICKELL AVE. #2A
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	VINASCO ACOSTA, CECILIA
STREET ADDRESS	1824 BRICKELL AVE. #2A
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGR
NAME	TROCHEZ VINASCO, XIMENA
STREET ADDRESS	1824 BRICKELL AVE. #2A
CITY-ST-ZIP	MIAMI, FL 33129

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

Date

Daytime Phone #