

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90048 019 ***138.75

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1. Entity Name

THE JUGATA U.S.A. GROUP, L.L.C



Principal Place of Business

522 WESTREE LANE
PLANTATION, FL 33324 US

Mailing Address

522 WESTREE LANE
PLANTATION, FL 33324 US



01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1985537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, GABRIEL
522 WESTREE LANE
PLANTATION, FL 33325

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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's signature required when re-stating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ONOFRE DE JIMENEZ, JEANNETTE M
STREET ADDRESS 522 WESTREE LANE
CITY- ST- ZIP PLANTATION, FL 33325

TITLE MGRM
NAME JIMENEZ ECHEVERRI, GABRIEL
STREET ADDRESS 522 WESTREE LANE
CITY- ST- ZIP PLANTATION, FL 33325

TITLE MGR
NAME JIMENEZ ONOFRE, JUANITA
STREET ADDRESS 522 WESTREE LANE
CITY- ST- ZIP PLANTATION, FL 33325

TITLE MGR
NAME JIMENEZ ONOFRE, CATALINA
STREET ADDRESS 522 WESTREE LANE
CITY- ST- ZIP PLANTATION, FL 33325

TITLE MGR
NAME JIMENEZ ONOFRE, GABRIEL
STREET ADDRESS 522 WESTREE LANE
CITY- ST- ZIP PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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

GABRIEL JIMENEZ, MGRM

1-29-08

(782) 227-2353

Date

Daytime Phone #