

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000015154

1. Entity Name
EL COQUI INVESTMENTS GROUP L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 DEC -2 PM 2:11

Principal Place of Business
5206 SAINT REGIS PL
ORLANDO, FL 32812

Mailing Address
5206 SAINT REGIS PL
ORLANDO, FL 32812

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11192008 Chg-LLC CR2E083 (12/06)

4. FEI Number

APPLIED FOR 25-1911286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANOS, ROBERTO C
5206 SAINT REGIS PL
ORLANDO, FL 32812

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CASTELLANOS, ROBERTO
STREET ADDRESS 5206 SAINT REGIS PL
CITY-ST-ZIP ORLANDO, FL 32812

TITLE MGR ☒ Delete
NAME CASTELLANOS, MARIA
STREET ADDRESS 5206 SAINT REGIS PL
CITY-ST-ZIP ORLANDO, FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Roberto Castellanos
STREET ADDRESS 5206 Saint Regis PL
CITY-ST-ZIP Orlando FL 32812

TITLE ☐ Change ☐ Addition
NAME 300138347983
STREET ADDRESS 12/01/08--01075--020 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Roberto Castellanos 11/24/2008 407-448-9178