

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000044472

1. Entity Name
DEIAN HOLDING, LLC



FILED

2006 OCT 31 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131

Mailing Address
1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
34-2066745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-24-06

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME JUAN SEBASTIAN VERON ☐ Delete
STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME 800081387708
STREET ADDRESS 10/31/06--01051--006 **50.00
CITY-ST-ZIP

TITLE MGR
NAME MARIA FLORENCIA VINACCIA ☐ Delete
STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200
CITY-ST-ZIP MIAMI, FL 33131

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition
NAME Carlos Ezequiel Raimundez Aguirre
STREET ADDRESS 1390 Brickell Avenue, Suite 200
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Juan Sebastian Veron, MGR

10/24/06 (305) 371-5540

Date Daytime Phone #