

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000044472

1. Entity Name  
DEIAN HOLDING, LLC



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06042007

Chg-LLC

CR2E083 (12/06)

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-3-07

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE MGR ☐ Change ☒ Addition  
NAME Alvaro Castillo  
STREET ADDRESS 1390 Brickell Avenue, Suite 200  
CITY-ST-ZIP Miami, FL 33131

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600104677306  
CITY-ST-ZIP 06/21/07--01051--018 \*\*50.00

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

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

Date

Daytime Phone #

Alvaro Castillo

6-3-07

(305) 371-6540

FILED

07 JUN 13 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

