

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90299 022 ****55.00

DOCUMENT # L05000092400

1. Entity Name
MERCAMERICAS, LLC



Principal Place of Business
7632 PLANTATION CIRCLE
UNIVERSITY PARK, FL 34201

Mailing Address
7632 PLANTATION CIRCLE
UNIVERSITY PARK, FL 34201

2. Principal Place of Business

4260 GOLF SHORE BLVD North
Suite, Apt. #, etc.

3. Mailing Address

4260 GOLF SHORE BLVD North
Suite, Apt. #, etc.



04022006 Chg-LLC CR2E083 (11/05)

City & State

Naples, FL

Zip
34103

Country
USA

City & State

Naples, FL

Zip
34103

Country
USA

4. FEI Number

59-3816257

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARCE, LUIS A
7632 PLANTATION CIRCLE
UNIVERSITY PARK, FL 34201

7. Name and Address of New Registered Agent

Name
ARCE Luis A.

Street Address (P.O. Box Number is Not Acceptable)
4260 GOLF SHORE BLVD. North

City
Naples

FL

Zip Code
34103

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

Luis A. Arce, MANAGER

April 3, 2006

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ARCE, LUIS A
7632 PLANTATION CIRCLE
UNIVERSITY PARK, FL 34201

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4260 GOLF SHORE BLVD North
Naples FL 34103

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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: Luis A. Arce, MANAGER April 3, 2006 (239) 261-2661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #