

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000095324

1. Entity Name
CORRMAREZ LLC



Principal Place of Business
2201 N COMMERCE PKWY
WESTON, FL 33326

Mailing Address
2201 N COMMERCE PKWY
WESTON, FL 33326

FILED
Feb 26, 2007 08:00 AM
Secretary of State



02232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3543692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORREA, ALVARO
2201 N COMMERCE PKWY
WESTON, FL 33326

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CORREA, ALVARO
STREET ADDRESS 2201 N COMMERCE PKWY
CITY-ST-ZIP WESTON, FL 33326

TITLE MGRM
NAME MARTINEZ, RAFAEL
STREET ADDRESS 2201 N COMMERCE PKWY
CITY-ST-ZIP WESTON, FL 33326

TITLE MGRM
NAME REZK, JOSE
STREET ADDRESS 2201 N COMMERCE PKWY
CITY-ST-ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/07/07-80055-007 50.00

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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: Alvaro Correa-Mor

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

2-23-07 954-659-8901

Date

Daytime Phone #