

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90041 026 ****50.00

DOCUMENT # L05000095591

1. Entity Name
MERCADO ESPANA LLC



Principal Place of Business
**4628 CHIPPENDALE DRIVE
NAPLES, FL 34112**

Mailing Address
**4628 CHIPPENDALE DRIVE
NAPLES, FL 34112**

20052232



2. Principal Place of Business

965 4th AVENUE NORTH

3. Mailing Address

Suite, Apt. #, etc.

08032006 Chg-LLC CR2E083 (11/05)

City & State

NAPLES, FL

City & State

4. FEI Number

20 3556078

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KORN, TYLER B ESQ.
5811 PELICAN BAY BLVD.
SUITE 209
NAPLES, FL 34108**

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

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POLO, ISABEL P
4628 CHIPPENDALE DRIVE
NAPLES, FL 34112** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHIPMAN, MARY
4628 CHIPPENDALE DRIVE
NAPLES, FL 34112** ☐ Delete

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

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☐ 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:

MARY E. SHIPMAN, MGRM

8/7/06 (239)774-7537

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

Date

Daytime Phone #