2006 LIMITED LIABILITY COMPANY ANNUAL REPORT 🤜

Mar 13, 2006 8:00 am Secretary of State **DOCUMENT # L05000099649** 01-23-2006 90132 048 ***100.00 MEDEROS CAPITAL INVESTMENTS, LLC 03-13-2006 90473 001 ****50.00 03-13-2006 90473 002 ****50.00 Principal Place of Business Mailing Address 5835 BLUE LAGOON DRIVE, SUITE #302 5835 BLUE LAGOON DRIVE, SUITE #302 30002369 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) 4. FEI Number City & State City & State Applied For 20-4215144 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEDEROS, JORGE C Street Address (P.O. Box Number is Not Acceptable) 5835 BLUE LAGOON DRIVE, SUITE #302 MIAMI, FL 33126, City 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 registers agant. DATE Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR HITLE Delete TITLE JONGE C. MEDEROS Addition A 5835 BLUE LAGOON DR. # 302 NAME NAME STREET ADDRESS STREET ADORESS 33124 CITY-SI-ZIP CITY-ST-ZIP miam IIILE Ociete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP nn e Delete TIT! F ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST- 7P TITLE ☐ Delete TITLE ☐ Change Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY - ST- 72P CITY-ST-ZIP ITTLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY-ST-ZP 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 by the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes. **SIGNATURE**

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #



ATTACHMENT 30062369

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

MEDEROS CAPITAL INVESTMENTS, LLC 5835 BLUE LAGOON DRIVE, SUITE #302 MIAMI, FL 33126

Subject: MEDEROS CAPITAL INVESTMENTS, LLC

Reference Number:

L05000099649

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION