

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000102453

1. Entity Name
MARCSEB'S ENTERPRISE LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 4:39

Principal Place of Business
2030 SOUTH OCEAN DR
SUITE 402
HALLANDALE, FL 33009

Mailing Address
2030 SOUTH OCEAN DR
SUITE 402
HALLANDALE, FL 33009

2. Principal Place of Business - No P.O. Box #
5201 BLUE LAGOON DR.

3. Mailing Address
5201 BLUE LAGOON DR.

Suite, Apt. #, etc.
SUITE #852

Suite, Apt. #, etc.
SUITE #852

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33126

Country
USA

Zip
33126

Country
USA

06062007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3644033

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSCOSO, MIRIAM P
2030 S. OCEAN DR
SUITE 402
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name
SAENZ-CAPOVILLA, MIRIAM
Street Address (P.O. Box Number is Not Acceptable)
5201 BLUE LAGOON DR #852
City
MIAMI FL Zip Code
33126

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MOSCOSO, MIRIAM P
2030 S. OCEAN DR. SUITE 402
HALLANDALE, FL 33009 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
MOSCOSO, MARIA E
2030 S. OCEAN DR. SUITE 402
HALLANDALE, FL 33009 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LOYOLA - PENA, JULIA M
2030 S. OCEAN DR. SUITE 402
HALLANDALE, FL 33009 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BAIDA, MARIO X
2030 SOUTH OCEAN DR SUITE 402
HALLANDALE, FL 33009 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
SAENZ-CAPOVILLA, MIRIAM
5201 BLUE LAGOON DR. #852
MIAMI, FL 33126 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

SAENZ-Capovilla MIRIAM 6-20-07

954-4545267