

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000111407**

1. Entity Name  
CV INVESTMENTS USA, LLC.



Principal Place of Business

8200 NW 52ND TER., SUITE 104  
DORAL, FL 33166

Mailing Address

8200 NW 52ND TER., SUITE 104  
DORAL, FL 33166



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3812322

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CABANAS & ASSOCIATES, P.A.  
10520 NW 26TH STREET, SUITE C201  
DORAL, FL 33172

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000776710  
01/09/08-80035-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TORRES, GUILLERMO J
STREET ADDRESS	8200 NW 52ND TER., SUITE 104
CITY-ST-ZIP	DORAL, FL 33166
TITLE	MGR
NAME	TORRES, MARGGI K
STREET ADDRESS	8200 NW 52ND TER., SUITE 104
CITY-ST-ZIP	DORAL, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** \_\_\_\_\_

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

01-04-08

Date

305-299-1166

Daytime Phone #