

006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90272 016 ****50.00

DOCUMENT # L05000114048

1. Entity Name
BIG TEAM, LLC



Principal Place of Business
10544 NW 26TH STREET, E 202
DORAL, FL 33172

Mailing Address
10544 NW 26TH STREET, E 202
DORAL, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3864150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ECHEVERRIA, RICARDO M
STREET ADDRESS 10544 NW 26TH STREET, E 202
CITY-ST-ZIP DORAL, FL 33172

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

TITLE MGR ☐ Delete
NAME SCATTOLINI, MAURO
STREET ADDRESS 10544 NW 26TH STREET, E 202
CITY-ST-ZIP DORAL, FL 33172

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

TITLE MGR ☒ Delete
NAME SCATTOLINI, CONSTANZA
STREET ADDRESS 10544 NW 26TH STREET, E 202
CITY-ST-ZIP DORAL, FL 33172

TITLE MGR ☒ Change ☒ Addition
NAME Scattolini, Dania
STREET ADDRESS 10544 NW 26 St. - E 202
CITY-ST-ZIP Doral, FL 33172

TITLE MGR ☐ Delete
NAME ECHEVERRIA, IVETTE ALAM
STREET ADDRESS 10544 NW 26TH STREET, E 202
CITY-ST-ZIP DORAL, FL 33172

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

Mauro Scattolini, Mgr.

06/21/06 (305) 5941098