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Sep 14, 2007 8:00 am
Secretary of State
07-25-2007 90013 047 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/25/20

DOCUMENT # L06000030225

1. Entity Name
GRUPO ALVAMAR, LLC

30012895

Principal Place of Business
CARRERA 15 A # 10 A-03, CASA 106
PRADOS DE MONTICELLO
MEDELLIN, COLOMBIA

Mailing Address
CARRERA 15 A # 10 A-03, CASA 106
PRADOS DE MONTICELLO
MEDELLIN, COLOMBIA

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07/17/2007 Chg-LLC CR2E083 (12/06)

4. FEI Number 98-0504654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HAWK, HOLLY M
397 INTERSTATE BLVD.
SARASOTA, FL 34240

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 ______________________ DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALVAREZ GIL, JUAN FERNANDO CARRERA 15 A # 10 A-03, CASA 106 MEDELLIN, CO COLOMBIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARTINEZ MARTINEZ, DIANA REGINA CARRERA 15 A # 10 A-03, CASA 106 MEDELLIN, CO COLOMBIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Holly M Hawk as authorized rep. 7/16/07 239-444-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #