

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084019

FILED
Jul 10, 2007
Secretary of State

Entity Name: REPUBLICA, LLC

Current Principal Place of Business:

2801 S.W. 31ST AVENUE, 2ND FLOOR
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2801 S.W. 31ST AVENUE, 2ND FLOOR
MIAMI, FL 33133

New Mailing Address:

FEI Number: 11-3794865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPOTE, NIBALDO J
4000 PONCE DE LEON BLVD., SUITE 400
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

CAPOTE, LISA
4000 PONCE DE LEON BLVD., SUITE 400
CORAL GABLES, FL 33146 US

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.

SIGNATURE: LISA CAPOTE

07/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: PLASENCIA, JORGE A
Address: 2801 S.W. 31ST AVENUE, 2ND FLOOR
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Change (X) Addition
Name: CASAMAYOR, LUIS
Address: 2801 S.W. 31ST AVENUE, 2ND FLOOR
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA CAPOTE

MS.

07/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date