

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

3, Apr 28, 2008 8:00 am  
Secretary of State

03-07-2008 90227 043 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                    |                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # L07000024885                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |   |                                                                                                                                                                   |
| 1. Entity Name<br>TICCO LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                    |                                                                                                                                                                   |
| Principal Place of Business<br>2121 PONCE DE LEON BLVD.<br>SUITE 330<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Mailing Address<br>2121 PONCE DE LEON BLVD.<br>SUITE 330<br>CORAL GABLES, FL 33134 |                                                                                                                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 3. Mailing Address                                                                 |                                                                                                                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Suite, Apt. #, etc.                                                                |                                                                                                                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | City & State                                                                       |                                                                                                                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                         | Zip                                                                                | Country                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 7. Name and Address of New Registered Agent                                        |                                                                                                                                                                   |
| ORTIZ, MICHAEL<br>2121 PONCE DE LEON BLVD.<br>SUITE 330<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                    |                                                                                                                                                                   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | Make check payable to<br>Florida Department of State                               |                                                                                                                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 10. ADDITIONS/CHANGES                                                              |                                                                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | MGR<br>PAVAN, FRANCISCO<br>2121 Ponce de Leon Blvd #330<br>Coral Gables, FL 33134<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | MBR<br>PAVAN, ROBERTO ALEJANDRO<br>2645 S. Bayshore Drive #501<br>Miami, FL 33133<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes. |                                 |                                                                                    |                                                                                                                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Date: 3/5/08 305 476 5270                                                          |                                                                                                                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | Date                                                                               |                                                                                                                                                                   |

30004970



02262008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For  
☐ Not Applicable

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