

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-21-2008 90311 047 ***138.75

DOCUMENT # L07000035854 1. Entity Name AMSEG INVESTMENTS, L.L.C.					
Principal Place of Business 9130 SOUTH DADELAND BLVD., SUITE # 1600 MIAMI, FL 33156			Mailing Address 9130 SOUTH DADELAND BLVD., SUITE # 1600 MIAMI, FL 33156		
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	04182008 Chg-LLC : CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GUZMAN & GUZMAN, P.A. % MARIO L. GUZMAN 9130 S. DADELAND BLVD., SUITE # 1600 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 30-8785126	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA HOLANDO SUDAMERICANA, CORP. 9130 SOUTH DADELAND BLVD., SUITE # 1600 MIAMI, FL 33156	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASTORE, GILLERMO J 1110 BRICKELL AVE, SUITE 212 MIAMI, FL 33131	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: ERNESTO LEVI - MANAGER MEMBER			4-18-08 305-679-9919		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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