

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060354

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** TIERRA NUEVA FINE COCOA, LLC

**Current Principal Place of Business:**

1221 NW 165 STREET  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

1221 NW 165 STREET  
MIAMI, FL 33169 US

**New Mailing Address:**

**FEI Number:** 26-0370323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, JOHN  
1221 NW 165 STREET  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ALEXANDER, JOHN  
**Address:** 8150 ERWIN ROAD  
**City-St-Zip:** MIAMI, FL 33134 US

**Title:** MGR  
**Name:** NORONA, JOSE M  
**Address:** 740 N. MASHTA DRIVE  
**City-St-Zip:** KEY BISCAVNE, FL 33149 US

**Title:** MGR  
**Name:** ERDMANN, ERNESTO  
**Address:** 8244 SW 84 AVENUE  
**City-St-Zip:** MIAMI, FL 33143 US

**Title:** MGR  
**Name:** VIVACQUA, FABIANO JR.  
**Address:** 736 ANASTASIA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGR  
**Name:** GARCIA, VICTOR H  
**Address:** 21391 MARINA COVE CIRCLE, APT K13  
**City-St-Zip:** AVENTURA, FL 33180

I hereby 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:** JOHN ALEXANDER

MGR

04/28/2010

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