

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90136 029 ***138.75

DOCUMENT # L07000117435

1. Entity Name
INVERSIONES KALUCA LLC



60019772

Principal Place of Business
**C/O 301 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009**

Mailing Address
**C/O 301 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009**



2. Principal Place of Business - No P.O. Box #
2999 NE 191st Street

3. Mailing Address
2999 NE 191st Street

Suite, Apt. #, etc.
608-C

Suite, Apt. #, etc.
608-C

03242008 Chg-LLC CR2E083 (12/06)

City & State
Aventura, Florida

City & State
Aventura, Florida

4. FEI Number
26-1467667

Applied For
Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

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

6. Name and Address of Current Registered Agent

**ROZENCWAIG, NADEL & FERRERO-CARR, LLP
301 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009**

7. Name and Address of New Registered Agent

Name **Judith Dal Farra, CPA**

Street Address (P.O. Box Number is Not Acceptable)

Dal Farra CO. INC.

1465 NW 97th Avenue

City **Miami**

FL

Zip Code
33172

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 **Judith Dal Farra, CPA**

03/31/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **MGRM** ☐ Delete
NAME **KATZ, GUILLERMO M**
STREET ADDRESS **C/O 301 W HALLANDALE BEACH BLVD**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE **MGRM** ☐ Delete
NAME **KATZ, ROBERTO B**
STREET ADDRESS **C/O 301 W HALLANDALE BEACH BLVD**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE **MGRM** ☐ Delete
NAME **KATZ, RICARDO D**
STREET ADDRESS **C/O 301 W HALLANDALE BEACH BLVD**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2999 NE 191st Street, Suite 608-C**
CITY-ST-ZIP **Aventura, Florida 33180**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2999 NE 191st Street, Suite 608-C**
CITY-ST-ZIP **Aventura, Florida 33180**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **2999 NE 191st Street, Suite 608-C**
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Guillermo Katz, MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/31/08 305-931-1107

Date Daytime Phone #