

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000094386

FILED
Apr 04, 2009
Secretary of State

Entity Name: DIVICA INTERNATIONAL, LLC

Current Principal Place of Business:

16111 SW 96TH TERRACE
MIAMI, FL 331968621

New Principal Place of Business:

Current Mailing Address:

16111 SW 96TH TERRACE
MIAMI, FL 331968621

New Mailing Address:

FEI Number: 26-3519426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, RICARDO
16111 SW 96TH TERRACE
MIAMI, FL 331968621 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 () Delete
Name: REYES, RICARDO
Address: 16111 SW 96TH TERRACE
City-St-Zip: MIAMI, FL 331968621

Title: MGRM () Delete
Name: RODRIGUEZ, GABRIELA
Address: 16111 SW 96TH TERRACE
City-St-Zip: MIAMI, FL 331968621

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

ADDITIONS/CHANGES:

Title: PRD (X) Change () Addition
Name: REYES, RICARDO
Address: 16111 SW 96TH TERRACE
City-St-Zip: MIAMI, FL 331968621

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: PRADO, GABRIELA B
Address: 16111 SW 96TH TERRACE
City-St-Zip: MIAMI, FL 331968621

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: RICARDO REYES

PRD

04/04/2009

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