

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000029051

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** SEVILLE IMPORTS REAL ESTATE, LLC

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
STE 801  
CORAL GABLERS, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
STE 801  
CORAL GABLERS, FL 33134 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

REGISTERED AGENT CORPORATE SERVICES, INC.  
355 ALHAMBRA CIR  
STE 801  
CORAL GABLERS, FL 33134 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: BERESALUCE SALINERO, MARIA ZULEMA  
Address: 405 WILMONT DRIVE  
City-St-Zip: WAUKESHA, WI 53189

Title: MGR  
Name: PINAR GOIZUETA, GONZALO  
Address: 405 WILMONT DRIVE  
City-St-Zip: WAUKESHA, WI 53189

Title: MGR  
Name: BORRERO PASCUAL, IGNACIO  
Address: 405 WILMONT DRIVE  
City-St-Zip: WAUKESHA, WI 53189

Title: MGR  
Name: BERESALUCE DIEZ, ANTONIO  
Address: 405 WILMONT DRIVE  
City-St-Zip: WAUKESHA, WI 53189

Title: MGR  
Name: BERESALUCE SALINERO, ANTONIO  
Address: 405 WILMONT DRIVE  
City-St-Zip: WAUKESHA, WI 53189

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: GONZALO PINAR

MGR

04/12/2011

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