

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000040021

Entity Name: COQUI (USA) #3, LLC

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

1313 PONCE DE LEON BLVD SUITE 301  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1313 PONCE DE LEON BLVD SUITE 301  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

ERNESTO SANCHEZ, P.A.  
1313 PONCE DE LEON BLVD SUITE 301  
CORAL GABLES, 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: MANTELLINI, PEDRO J  
Address: 1313 PONCE DE LEON BLVD SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: MANTELLINI, NERIDA P  
Address: 1313 PONCE DE LEON BLVD SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: MANTELLINI, TRIANA M  
Address: 1313 PONCE DE LEON BLVD SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: NERIDA MANTELLINI, DE BAUDER  
Address: 1313 PONCE DE LEON BLVD SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

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: PEDRO MANTELLINI

MGR

04/21/2011

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