

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000040021

Entity Name: COQUI (USA) #3, LLC

FILED  
Apr 16, 2012  
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 ( )

**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:**

ERNESTO SANCHEZ, P.A.  
1313 PONCE DE LEON BLVD,  
SUITE 301  
CORAL GABLES, FL 33134 US

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: ERNESTO SANCHEZ, PA

04/16/2012

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 J. MANTELLINI

MGR

04/16/2012

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