

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057134

Entity Name: CALMOX L.L.C.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

650 SOUTH PARK ROAD  
5-18  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

650 SOUTH PARK ROAD  
5-18  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 27-2743985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOMAS SERVICIOS E INVERSIONES, INC  
6635 W COMMERCIAL BLVD  
109  
TAMARAC, FL 33319 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: MGRM  
Name: ALVARADO, JOEL R  
Address: 650 SOUTH PARK ROAD UNIT 5-18  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM  
Name: LUNA, DANIEL D  
Address: AV FRANCISCO DE MIRANDA SEGUROS LA PAZ P4  
City-St-Zip: CARACAS, CA 1071 VE

Title: MGRM  
Name: LUNA, CARLOS A  
Address: AV FRANCISCO DE MIRANDA SEGUROS LA PAZ P4  
City-St-Zip: CARACAS, CA 1071 VE

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: JOELALVARADO

MGR

05/01/2012

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