

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000000284**

1. Entity Name  
**SUCESORES DE FALLA (MT&E), L.C.**



Principal Place of Business  
**600 GRAPETREE DR., APT. 5BN  
KEY BISCAINE, FL 33149**

Mailing Address  
**600 GRAPETREE DR., APT. 5BN  
KEY BISCAINE, FL 33149**



01192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0905545**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BATISTA, ADELA C  
600 GRAPETREE PL, APT. 5-BN  
KEY BISCAINE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BATISTA, ADELA C
STREET ADDRESS	600 GRAPETREE DR. APT. 5-BN
CITY-ST-ZIP	KEY BISCAINE, FL 33149
TITLE	MGR
NAME	BATISTA-FALLA, AGUSTIN
STREET ADDRESS	520 BRICKELL KEY DR., #1804
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	BATISTA, CLELIA C
STREET ADDRESS	9 CH.DES FOURS, 1223 COLOGNY
CITY-ST-ZIP	1223 COLOGNY, SWITZERLAND,
TITLE	MGR
NAME	BATISTA-FALLA, VICTOR
STREET ADDRESS	NUNEZ BALBOA 73 (9120)
CITY-ST-ZIP	28001 MADRID, SPAIN,
TITLE	MGR
NAME	MESTRE, LUIS
STREET ADDRESS	170 CH. SOUS-CARAN
CITY-ST-ZIP	122 VESENAZ, SWITZERLAND,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Adela C. Batista* 1/20/2004 305-361-2388