

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006839

1. Entity Name
SPARROWHAWK LATIN AMERICA, LLC



Principal Place of Business
BRICKELL BAYVIEW CENTRE
80 SW 8TH ST SUITE 2500
MIAMI, FL 33130

Mailing Address
BRICKELL BAYVIEW CENTRE
80 SW 8TH ST SUITE 2500
MIAMI, FL 33130

FILED
08 SEP 23 PM 10: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09092008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-3912398

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VERA, EDUARDO
STREET ADDRESS	670 ALLENDALE ROAD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149 <i>Delete</i>
TITLE	VP
NAME	Julietta Perez
STREET ADDRESS	80 SW 8TH ST STE 2500
CITY-ST-ZIP	MIAMI FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/23/08--01048--014 **138.75

MP 9/23

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: _____

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

9/9/08 (786) 866 8048

Date

Daytime Phone #