

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005578

FILED
Apr 30, 2009
Secretary of State

Entity Name: FEU NUVO, LLC

Current Principal Place of Business:

1110 BRICKELL AVE
404
MIAMI, FL 33131

New Principal Place of Business:

900 S. MIAMI AVE.
133
MIAMI, FL 33130

Current Mailing Address:

1110 BRICKELL AVE
404
MIAMI, FL 33131

New Mailing Address:

900 S. MIAMI AVE.
133
MIAMI, FL 33130

FEI Number: 43-2072550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUETO, FRANCISCO I
1110 BRICKELL AVE # 404
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CUETO, FRANCISCO I
900 S. MIAMI AVE.
133
MIAMI, FL 33130 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: FRANCISCO I. CUETO

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CUETO, FRANCISCO I
Address: 1110 BRICKELL AVE # 404
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: RODRIQUEZ, AMAYA
Address: 1110 BRICKELL AVE # 404
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUETO, FRANCISCO I
Address: 900 S. MIAMI AVE. #133
City-St-Zip: MIAMI, FL 33130

Title: D (X) Change () Addition
Name: RODRIQUEZ, AMAYA
Address: 900 S. MIAMI AVE. #133
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANCISCO I. CUETO

MGRM

04/30/2009

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