

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064327

FILED
Mar 18, 2008
Secretary of State

Entity Name: MOVANDO LLC

Current Principal Place of Business:

1900 S.W. 3RD AVENUE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1900 S.W. 3RD AVENUE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 26-0393687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOFIA POWELL-COSIA, P.A.
1900 S.W. 3RD AVENUE
MIAMI, FL 33129 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: MGR () Delete
Name: ZUAZO, VANESSA
Address: 1900 S.W. 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: ZUAZO, DARKO
Address: 1900 S.W. 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: ZUAZO, NATALIA
Address: 1900 S.W. 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: ZUAZO, ANDREA
Address: 1900 S.W. 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARKO SUAZO

MGR

03/18/2008

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