

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108312

**FILED  
Jan 05, 2010  
Secretary of State**

**Entity Name:** BRUCE LECURE LLC

**Current Principal Place of Business:**

1019 LISBON STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1019 LISBON STREET  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-1247192      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FRIEDMAN, JOREY S  
1019 LISBON STREET  
CORAL GABLES, FL 33134    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  
**Name:** LECURU, BRUCE  
**Address:** 1019 LISBON STREET  
**City-St-Zip:** CORAL GABLES, FL 33134

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: BRUCE LECURU

MGR

01/05/2010

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