

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90088 026 ***138.75

DOCUMENT # L05000074125

1. Entity Name
UNIVERSAL WEALTH MANAGERS, LLC



Principal Place of Business
**2332 GALIANO STREET
CORAL GABLES, FL 33134**

Mailing Address
**2332 GALIANO STREET
CORAL GABLES, FL 33134**

60017601



2. Principal Place of Business - No P.O. Box #
1500 SAN Remo Ave.

3. Mailing Address
1500 SAN Remo Ave.

Suite, Apt. #, etc.
Suite 248-A

Suite, Apt. #, etc.
Suite 248-A

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33146

Country
USA

Zip
33146

Country
USA

03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3476907

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALICIO, PEDRO A
7960 SW 52ND CT
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: **Pedro A. Palicio**

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

@ Pedro A. Palicio

(NOTE: Registered Agent signature required when re-registering)

3/23/08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR** ☐ Delete
NAME: **PALICIO, PEDRO A.**
STREET ADDRESS: **7960 SW 52 CT.**
CITY-ST-ZIP: **MIAMI, FL 33143**

TITLE: **MGR** ☐ Delete
NAME: **PALICIO, ISIS B**
STREET ADDRESS: **7960 SW 52 CT**
CITY-ST-ZIP: **MIAMI, FL 33143**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
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CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: **@ Pedro A. Palicio**

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

3/23/08

Date

305-665-4508

Daytime Phone #