

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000071576

**FILED**  
**Mar 14, 2019**  
**Secretary of State**  
**5231741332CC**

**Entity Name:** NUEVENTURES, LLC

**Current Principal Place of Business:**

2330 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2330 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-2160744

**Certificate of Status Desired:** No

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

WORLDWIDE CORPORATE ADMINISTRATORS LLC  
2330 PONCE DE LEON BLVD  
CORAL GABLES , FL 33134 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:** JANICE CAYON

03/14/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AMKIE LEVY, ELIAS  
Address 2330 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CABABIE DANIEL, ELIAS  
Address 2330 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CABABIE DANIEL, ABRAHAM  
Address 2330 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMKIE LEVY , ELIAS

MGR

03/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date