

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000071581

**FILED  
Apr 29, 2014  
Secretary of State  
CC2236511250**

**Entity Name:** NUOVO MANAGEMENT, LLC

**Current Principal Place of Business:**

19950 W. COUNTRY CLUB DRIVE  
900  
AVENTURA, FL 33180

**Current Mailing Address:**

19950 W. COUNTRY CLUB DRIVE  
900  
AVENTURA, FL 33180

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name CABABIE DANIEL, ELIAS  
Address 19950 W. COUNTRY CLUB DRIVE,  
SUITE 900  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name CABABIE DANIEL, ABRAHAM  
Address 19950 W. COUNTRY CLUB DRIVE,  
SUITE 900  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name AMKIE LEVY, ELIAS  
Address 19950 W. COUNTRY CLUB DRIVE,  
SUITE 900  
City-State-Zip: AVENTURA FL 33180

*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: ELIAS AMKIE LEVY**

**MANAGER**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date