

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000115120

Entity Name: NEUDEAL LLC**Current Principal Place of Business:**NEUSHOP
15 SE 2ND AVENUE INGRAHAM BUILDING
DOWNTOWN MIAMI, FL 33131**Current Mailing Address:**545 WARREN LN
KEY BISCAYNE, FL 33149 US**FEI Number:** 47-4532009**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELGADO SOSA, RAUL
545 WARREN LN
KEY BISCAYNE, FL 33149 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 | MANAGER |
| Name | DELGADO SOSA, RAUL |
| Address | 545 WARREN LN |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

| | |
|-----------------|-----------------------------------|
| Title | MANAGER |
| Name | ALCEGA UZCATEGUI, MARIA ALEJANDRA |
| Address | 545 WARREN LN |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

| | |
|-----------------|-------------------------|
| Title | MANAGER |
| Name | DELGADO ALCEGA, NICOLAS |
| Address | 545 WARREN LN |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

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: RAUL DELGADO SOSA

MANAGER

03/27/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date