

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000221896

Entity Name: DR. NUBE LLC

Current Principal Place of Business:

6511 NW 87TH AVE
MIAMI, FL 33178

Current Mailing Address:

6511 NW 87TH AVE
MIAMI, FL 33178 US

FEI Number: 83-1938403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUFARI, ANDRES
6511 NW 87TH AVE
MIAMI, FL 33178 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 | P | Title | VP |
| Name | CUFARI, ANDRES | Name | BERRETTA, NICOLAS |
| Address | 6511 NW 87TH AVE | Address | 6511 NW 87TH AVE |
| City-State-Zip: | MIAMI FL 33178 | City-State-Zip: | MIAMI FL 33178 |

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: ANDRES CUFARI

PRESIDENT

05/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date