

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000189287

**Entity Name:** BEBE VINUM LLC**Current Principal Place of Business:**2600 SOUTH DOUGLAS ROAD - STE. 913  
CORAL GABLES, FL 33134**Current Mailing Address:**2600 SOUTH DOUGLAS ROAD - STE. 913  
CORAL GABLES, FL 33134 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERNATIONAL CORPORATE SERVICE INC.  
2600 SOUTH DOUGLAS ROAD - STE. 913  
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:** ROSELLA MEOLA

04/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | MGR                                   |
| Name            | HERNANDEZ GUTIERREZ, ADRIAN           |
| Address         | 2600 SOUTH DOUGLAS ROAD - STE.<br>913 |
| City-State-Zip: | CORAL GABLES FL 33134                 |

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | MGR                                   |
| Name            | INTERNATIONAL ADVISORS SERVICE<br>LLC |
| Address         | 2600 SOUTH DOUGLAS ROAD - STE.<br>913 |
| 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:** ROSELLA MEOLA**MANAGER**

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date