

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002083

1. Entity Name
LUDOSCA OVERSEAS, L.L.C.



Principal Place of Business
**2050 SW 22ND ST., #202
MIAMI, FL 33145**

Mailing Address
**2475 BRICKELL AVE
#27-02
MIAMI, FL 33129**



04222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0984537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW
536 BILTMORE WAY
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

000000329971
04/25/05-80138-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CELIS, LUIS EDUARDO
2050 SW 22ND ST., #202
MIAMI, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CELIS, CESAR G
2050 SW 22ND ST., #202
MIAMI, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/05

Date

305-4681456

Daytime Phone #