LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 1 0000000005173 02 MAY 16 AM 9:31 1. Entity Name Chobal Knowledge, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Sao onicicle feel or Suite, Apt. #, etc. uite, Apt. #, etc. DO NOT WRITE IN THIS SPACE A 1507 1507 City & State City & State 4. FEI Number Applied For mixmo miAmi <u>65-</u>1032 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired DA De DAND Fee Required 7. Name and Address of Current Registered Agent DAVILA Eduardo E DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 507 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. 1:14, lagisture agout making SIGNATURE egistered agent and title if applicable FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE PICEO (morm) TITLE 900005677099---06/04/02--01037--002 Educado E. DAVIA 500 Brickelle Key Dr. AISOT mirmo, FL 33131 NAME NAME STREET ADDRESS STREET ADDRESS ****200.00 ****200.00 8 CITY-ST-ZIP CITY-ST-ZIP TITLE COOKEO ma Rm1 TITLE NAME NAME ricicel BAn Ur #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY: ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ATEMENTO STREET ADDRESS tenda na CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I bereby certify that the information supplied with this filling 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.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE