


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000005313 1. Entity Name UMBRIEL, LLC	
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Principal Place of Business 9130 S. DADELAND BLVD. SUITE 1600 MIAMI, FL 33156	Mailing Address 9130 S. DADELAND BLVD. SUITE 1600 MIAMI, FL 33156
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**DO NOT WRITE IN THIS SPACE**

01222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number  
**04-3672613**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

GUZMANA, MARIO  
9130 S. DADELAND BLVD.  
SUITE 1600  
MIAMI, FL 33156

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARDINO, EDUARDO JOSE CUENCA 4498 5TO PISO DEPT A BUENAS AIRES 1419 ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARAU, CLAUDIA ISABEL CUENCA 4498 5TO PISO DEPT A BUENAS AIRES 1419 ARGENTINA,
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U000000738396  
01/30/08-80028-002 138.75

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Eduardo Scardino EDUARDO SCARDINO MGRM 01/22/08 305 670 1991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #