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FILED
Apr 18, 2002 8:00 am
Secretary of State

01-28-2002 90004 035 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006006

1. Entity Name

TETTO MANAGEMENT, LLC

Principal Place of Business	Mailing Address
16 NE FOURTH STREET SUITE 110 FT. LAUDERDALE FL 33301	16 NE FOURTH STREET SUITE 110 FT. LAUDERDALE FL 33301

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1095276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~EMO CORPORATE SERVICES, INC.~~ ~~100 NE THIRD AVE. SUITE 1100~~ FT. LAUDERDALE FL 33301	Name Euro Management Inc. Street Address (P.O. Box Number Is Not Acceptable) 16 NE. 4th. Street #110 City Fort Lauderdale FL 33301

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.

SIGNATURE [signature] N. Kreyer (President) 1-22-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pr. Managing Member Norbert Kreyer 16 NE. 4th. Street Fort Lauderdale FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Hans Rydoff ENG 16 NE. 4th. Street Ft. Lauderdale, FL. 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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] N. Kreyer SIGNATURE REQUIRED 1-22-02 954-779-7100

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