

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

DOCUMENT # L010000014488

1. Entity Name

World Financial center, LLC

FILED

02 JUN 17 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9668 Coral Way

Suite, Apt. #, etc.

3. Mailing Address

9668 Coral Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

Miami, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33165

Country

33165

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Sergio J. Mena

Street Address (P.O. Box Number is Not Acceptable)
9668 Coral Way

City Miami

FL

Zip Code 33165

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME Felix J. Olivera
STREET ADDRESS 9668 Coral Way
CITY-ST-ZIP Miami, FL 33165

TITLE MGR
NAME Sergio J. Mena
STREET ADDRESS 9668 Coral Way
CITY-ST-ZIP Miami, FL 33165

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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

CR2E(B) (101)