

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90069 040 \*\*\*\*50.00

**DOCUMENT #** L01000020701

1. Entity Name

JOVIED, L.L.C.

**DO NOT WRITE IN THIS SPACE**

**965409**

2. Principal Place of Business

8346A NW SOUTH RIVER DR

3. Mailing Address

8346A NW South River Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

03-0412242

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SCHEUREN, EDUARDO

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

8346A NW SOUTH RIVER DRIVE

D

City

MIAMI

FL

Zip Code  
33166

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.

EDUARDO SCHEUREN DIRECTOR

04/29/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
D  
SCHEUREN, EDUARDO  
STREET ADDRESS  
8346A NW South River Dr  
CITY-ST-ZIP  
Miami, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DIRECTOR

04/29/2002 305 8877726

Date

Daytime Phone #

CR2E083B (12/01)