

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91596 040 ****50.00

DOCUMENT # L01000020977

1. Entity Name

BODEGA DE ARTE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7035 A/B S.W. 47th AVE

3. Mailing Address

547 MAJORCA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

968310

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, Florida

City & State

CORAL GABLES, FL

4. FEJ Number

04-3669673

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Diego L. Restrepo, Esq.

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

547 MAJORCA AVENUE

City

CORAL GABLES

FL

Zip Code 33134

**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 applicable.

05-24-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR/PRES/TRES/SECR
IRENE ACEVEDO
7035 A/B S.W. 47th AVENUE
MIAMI, FL 33155

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**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:

IRENE ACEVEDO
MANAGER/PRES

(305) 665-9193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)