


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90225 033 \*\*\*138.75

DOCUMENT # L02000005185		
1. Entity Name TOUS MIAMI, LLC		

Principal Place of Business 19575 BISCAYNE BLVD., SUITE 1365 AVENTURA, FL 33180	Mailing Address 19575 BISCAYNE BLVD., SUITE 1365 AVENTURA, FL 33180
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60022542



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

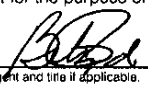
01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0657608	Applied For <input type="checkbox"/> Not Applicable
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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	
REGISTERED AGENT CORPORATE SERVICES INC. <del>806 DOUGLAS ROAD, SUITE 580</del> CORAL GABLES, FL 33134		Name REGISTERED AGENT CORPORATE SERVICES INC. Street Address 355 Alhambra Circle, Suite 801 City Coral Gables, FL 33134	

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  DATE 2/28/08

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

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JOSE ANTONIO <del>806 DOUGLAS ROAD, SUITE 580</del> CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV TOUS ORIOL, ALBA 19575 BISCAYNE BLVD., SUITE 1365 MIAMI, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP MANGLANO, JOSE L 19575 BISCAYNE BLVD., SUITE 1365 MIAMI, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S. TOUS, S L <del>806 DOUGLAS ROAD, SUITE 580</del> CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS TOUS ORIOL, LAURA 19575 BISCAYNE BLVD., SUITE 1365 MIAMI, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAMPELLO, VANESSA 19575 BISCAYNE BLVD., SUITE 1365 MIAMI, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 04/08/08 DAYTIME PHONE # 786 287 4206

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