

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005185

FILED
Apr 20, 2011
Secretary of State

Entity Name: TOUS MIAMI, LLC

Current Principal Place of Business:

19575 BISCAYNE BLVD., 2ND LEVEL
ROOM 1575
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19575 BISCAYNE BLVD., 2ND LEVEL
ROOM 1575
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 01-0657608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RODRIGUEZ, JOSE ANTONIO
Address: C/O 355 ALHAMBRA CIR STE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRV
Name: TOUS ORIOL, ALBA
Address: 19575 BISCAYNE BLVD., ROOM 1575
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRP
Name: MANGLANO, JOSE L
Address: 19575 BISCAYNE BLVD., ROOM 1575
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: TOUS USA, INC.
Address: C/O 19575 BISCAYNE BLVD., ROOM 1575
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR
Name: BOSCH CASTIAS, JOSEP MARIA
Address: 19575 BISCAYNE BLVD., ROOM 1575
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR
Name: CAMPELLO, VANESSA
Address: 19575 BISCAYNE BLVD., ROOM 1575
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: VANESSA CAMPELLO

MGR

04/20/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date