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

**FILED**

04 NOV -9 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000015134

1. Entity Name

Tudo Bem LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

777 N.W. 72nd Avenue

Suite, Apt. #, etc.

Suite 2BB-41

City & State

Miami, Fl.

3. Mailing Address

901 Ponce De Leon Blvd

Suite, Apt. #, etc.

Suite 606

City & State

Coral Gables, Fl.

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

043687576

Applied For

Not Applicable

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

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

**FL**

Zip Code  
32301

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

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

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Contreras, Daisy J  
2370 Cheery Gateway  
Hacienda Heights, CA. 91745

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice President  
Sosa, Raul M  
2370 Cheery Gateway  
Hacienda Heights, CA. 91745

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Secretary  
Alvarez, Alex C  
2370 Cheery Gateway  
Hacienda Heights, CA. 91745

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with 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 #

20f2

Tudo Bem L.L.C  
901 Ponce de Leon Blvd., Ste 606  
Coral Gables, FL 33134

November 5, 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Document # L02000015134**

To Whom It May Concern:

Please be advised that we changed our mailing address to 901 Ponce de Leon Blvd., Ste 606, Coral Gables, FL 33134. Accordingly, we did not receive on a timely basis the Uniform Business Report for the year 2004. Attached please find a check for \$50.00 for the filing fees. We respectfully request that you abate any penalties assessed to our account and reinstate our Corporation to an active status.

If you should have any questions or doubts regarding this letter please do not hesitate to contact my accountant, Susan M. Garcia, at (305) 446-7313 Monday-Friday between the hours of 9am to 5pm.

Sincerely,

Raul Sosa