FILED
Jun 16, 2003 8:00 am
Secretary of State
5/ 5 05-05-2003 90691 016 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015466

1. Entity Name
ENMO, LLC

Principal Place of Business	Mailing Address
2800 PONCE DE LEON BOULEVARD STE. 1125 CORAL GABLES FL 33134	2800 PONCE DE LEON BOULEVARD STE. 1125 CORAL GABLES FL 33134

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6101 Blue Lagoon Drive	6101 Blue Lagoon Drive
Suite, Apt. #, etc.: 430	Suite, Apt. #, etc.: 430
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number: 02-0639913 ☐ Applied For ☐ Not Applicable

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
HERMINA, ALISON P 2800 PONCE DE LEON BOULEVARD STE. 1125 CORAL GABLES FL 33134	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager/Secretary/Treasurer Roland M. Bolis 6101 Blue Lagoon Drive, Suite 430 Miami, Florida 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager/President Erico Gamba 6101 Blue Lagoon Drive, Suite 430 Miami, Florida 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager/Vice President Monica Pesenti 6101 Blue Lagoon Drive, Suite 430 Miami, Florida 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 REQUIRED Roland M. Bolis, Manager 6/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #