

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016202

1. Entity Name
UDEFINEU, LLC



Principal Place of Business
C/O LUIS A. FIGUEROA, ESQ.
815 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134

Mailing Address
C/O LUIS A. FIGUEROA, ESQ.
815 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134

FILED
07 MAY -1 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
06-1644092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, LUIS A ESQ.
815 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134

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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. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FIGUEROA, LOURDES M
STREET ADDRESS 1600 SW 99 AVE.
CITY-ST-ZIP MIAMI, FL 33165

TITLE MGRM
NAME FIGUEROA, LUIS A
STREET ADDRESS 1600 SW 99 AVE.
CITY-ST-ZIP MIAMI, FL 33165

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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: Luis A Figueroa 4/27/07 (205) 442-0302

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

Date

Daytime Phone #