

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

**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**



02042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1644092</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

U00000872064  
04/10/08-80022-018 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**3/18/08 (305) 442-0303**

Date

Daytime Phone #