

Apr. 29, 2004 1:24PM

No. 7986 P. 3

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018897

1. Entity Name
NOVECETO MIAMI LLC



Principal Place of Business

1080 ALTON RD
MIAMI BEACH, FL 33139

Mailing Address

1080 ALTON RD
MIAMI BEACH, FL 33139



04292004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
16-1627509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLOTTI, HECTOR A
33 F. VENETIAN WAY APT. 81
MIAMI BEACH, FL 33139

**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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

000000150382
05/04/04-80004-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROLOTTI, HECTOR
33 F VENETIAN WAY, APT. 81
MIAMI BEACH, FL 33139

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/28/04 (305) 531-0900

DATE

DAYTIME PHONE NO.