

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90001 037 ****50.00

DOCUMENT # L02000025342

1. Entity Name

TEVOLL GRAPHIX, LLC



Principal Place of Business

**1091 EAST 52ND STREET
MIAMI FL 33013**

Mailing Address

**1091 EAST 52ND STREET
MIAMI FL 33013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0566791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LLOVET, JORGE
1091 EAST 52ND STREET
MIAMI FL 33013**

7. Name and Address of New Registered Agent

Name

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

4067 NW 135th ST.

City: **OPA-LOCKA**

FL

Zip Code: **33054**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR** ☐ Delete
NAME: **LLOVET, RAMON A**
STREET ADDRESS: **1091 EAST 52ND STREET**
CITY-ST-ZIP: **MIAMI FL 33013**

TITLE: **MGR** ☐ Delete
NAME: **LLOVET, JORGE**
STREET ADDRESS: **1091 EAST 52ND STREET**
CITY-ST-ZIP: **MIAMI FL 33013**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: **Treasurer** ☐ Change ☒ Addition
NAME: **Amanda Llover**
STREET ADDRESS: **4067 NW 135th ST**
CITY-ST-ZIP: **OPA-LOCKA, FL 33054**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/11/03

Date

305.687.5444

Daytime Phone #

CR2E083 (10/02)