LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBB)

FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90577 049 ****50.00

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| DOCUMENT # 1. Entity Name | L02000033294 | <u>.</u> | |
| MOCCA, LLC | | 1 | |
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| DO NOT WRITE IN THIS SP | ACE | | | |
| 2. Principal Place of Business 888 Brickell Kellrive & R& Brickell | Kellke Brive | | | |
| Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE | | | |
| Might: Florida Wight: Flo | 4. FEI Number 55 - 08 10 139 Applied For Not Applicable | | | |
| 33131 USA 33131 | Country 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | |
| | 7. Name and Address of Current Registered Agent | | | |
| DO NOT WRITE | Modesto Cabal | | | |
| IN THIS SPACE | Street Address (P.O. Box Number is Not Acceptable) BBB BC CKELL Key Dorve | | | |
| | AP+ 907 | | | |
| $\mathcal{L}_{\mathcal{L}}}}}}}}}}$ | City Wight Fl Zip Code 33131 | | | |
| 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 Signatury/typedor printed hame of registered ageth applied it applicable. | 04/30/02 | | | |
| Signatury/typedor pinite-mame of registered agent apermie it applicable: FEE IS \$50.00 | | | | |
| Make Check Payable to Florida Department of State | | | | |
| 9. MANAGING MEMBERS/MANAGERS | UE BY MAY 1 | | | |
| MANOUR Modest Call | TITLE | | | |
| NAME STREET ADDRESS Hrams F1. 33131 | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | |
| TITLE | NAME | | | |
| STREET ADDRESS | STREET ADDRESS | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | |
| TITLE NAME | TITLE NAME | | | |
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| TITLE | | | | |
| NAME | IN I HIS SPACE | | | |
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| NAME CYPET ADDRESS | NAME - | | | |
| STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP. | | | |
| 11. Thereby certify that the information supplied with this filing does appaualify for the indicated on this report is true and accurate and that my signature shall have the limited liability company or the receiver or trustee ampowered to execute this re- | the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lessame legal effect as if made under oath; that I am a managing member or manager of the port as required by Chapter 608, Florida Statutes. | | | |