2008 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NAME

Jan 14, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L03000016368 01-14-2008 90046 023 ***138.75 1. Entity Name VESE, LLC Principal Place of Business Mailing Address 5959 COLLINS AVENUE 5959 COLLINS AVENUE 60001354 603 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 335 S Biscayn BIVd 3. Mailing Address 335 S. Biscayne Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-LLC CR2E083 (12/06) 2308 2308 City & State City & State 4. FEI Number Applied For MIAMI, FL MIAMI, FL 20-1760053 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired υS US 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name I vette L Avango ARANGO, IVETTE L ESQ Street Address (P.O. Box Number is Not Acceptable) 5959 COLLINS AVENUE 603 Biscayne Blvd MIAMI BEACH, FL 33140 # 2308 Zip Code MIAMI 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) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ... ***** 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES NGRM MGRM TITLE? ☐ Delete TITLE ARANGO, IVETTE L ARANGO, IVETTE L NAME NAME 335 S. Biscayne Blvd #2308 MIAMI, FL 33131 5959 COLLINS AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-7IP CITY-ST-ZIP MGRM MURH Addition ☐ Delete TITLE ARANGO, JOSE L ARANGO, JOSE L NAME NAME 335 S. BISCAYNE BIVD #2308 MIANI, FL 33181 STREET ADDRESS 1244 ANASTASIA STREET ADDRESS CORAL GABLES, FL 33134 CiTY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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Addition

Addition

☐ Change

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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-7IP

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TITLE

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