2008 LIMITED LIABILITY COMPANY 5/16/20

FILED
Jun 19, 2008 8:00 am
Secretary of State
05-16-2008 90190 002 ***138.75

DOCUMENT # L03000023753

1. Entity Name
ZOE INTERNATIONAL L.L.C.

Principal Place of Business	Mailing Address
8895 FONTAINEBLEAU BLVD # 308 MIAMI, FL 33172	8895 FONTAINEBLEAU BLVD # 308 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

03062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 57-1176757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELA RONZANI
8895 FONTINEBLEAU BLVD # 308
MIAMI, FL 33172

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA A. ELIZAGARAY 2655 COLLINS AVE # 810 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CBSE S.A. MORENO 473 CAPITAL FEDERAL ARGENTINA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELA A RONZANI 8895 FONTAINEBLEAU BLVD # 308 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA SOL ORQUERA 2655 COLLINS AVE # 810 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA I. ELIZAGARAY-VALENTINI 8895 FONATAINEBLEAU BLVD # 308 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEATRIZ DEL SOCORRO CRUZ 11880 SW 183 ST. MIAMI, FL 33177

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: _____ 04/23/08 305-442-9195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Mar 06 2008 2:32 ECFS 3054449977 p.2