2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State 03-22-2004 90422 014 ****50.00

| DOCUMENT # L03000052099 1. Entity Name FACE UMBRELLA, LLC | | | | | 03-22-2004 90422 014 ****50.00 | | | | |
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| Principal Place of Business Mailing Addres | | | iress | | 1 | € ₹ ♥ * | | | |
| 2301 ALHAMBRA CIRCLE | | 2301 ALHAMBRA CIRCLE | | | | | | | |
| CORAL GABLES, FL 33134 | | CORAL GABLES, FL 33134 | | | | | | | 801 W 1881 |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03182004 | Chg-LLC | CR2E08 | 33 (10/03) | |
| City & State | | City & State | | 4. FEI Number | -171993 | 3 | | plied For t Applicable | |
| ZipCountry | | Zip | | try — | | of Status Desired | ; | \$5.00 Add | |
| | 6. Name and Address of Current R | legistered Agent | | | 7. Name and | Address of New R | | | |
| | TO 111 DIE: E111 | | | Name | | | | | |
| 2301 ALH | ATS, MARIELENA AMBRA CIRCLE ABLES, FL 33134 | | | | (P.O. Box Numb | er is Not Acceptable | e) | | |
| CONALG | ABLES, FL 33134 | | C | | | | | | |
| | | | | City | | | FL | Zip Code | e |
| 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. | | | | | | | | and accept | |
| SIGNATURE | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature | | | | | d when reinstating) | | DATE | | |
| | | | | | | | | | |
| Fi Di | ling Fee is \$50.00 ue by May 1, 2004 | | - | | | | e check pa Departme | - | 9 |
| 9. | ue by May 1, 2004 MANAGING MEMBEF | | 10. | ······································ | | | a Departme | ent of State | |
| 9. TILE | MANAGING MEMBER | S/MANAGERS | IIIL | I . | | Florida | a Departme | - | Addition |
| 9. | ue by May 1, 2004 MANAGING MEMBEF | | TITU NAM | I . | | Florida | a Departme | ent of State | |
| 9. TITLE NAME | MANAGING MEMBER MGRM JANE-PRATS, MARIELENA | | TITU NAM STRE | E | | Florida | a Departme | ent of State | ☐ Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBER MGRM JANE-PRATS, MARIELENA 2301 ALHAMBRA CIRCLE | | TITLI NAM STRE CITY | E ET ADDRESS -ST-ZIP | | Florida | a Departme | ent of State | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER MGRM JANE-PRATS, MARIELENA 2301 ALHAMBRA CIRCLE | □ Delete | TITLI NAM STRE CITY TITLI NAM | E ET ADDRESS -ST-ZIP | | Florida | a Departme | Change | ☐ Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MANAGING MEMBER MGRM JANE-PRATS, MARIELENA 2301 ALHAMBRA CIRCLE | □ Delete | TITLI NAM STRE CITY TITLI NAM STRE | E ET ADDRESS -ST-ZIP E | | Florida | a Departme | Change | ☐ Addition |
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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.