

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000053237

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** DIVIAN UNO, L.L.C.

**Current Principal Place of Business:**

175 SW 7TH ST  
1523  
MIAMI, FL 33130 US

**New Principal Place of Business:**

**Current Mailing Address:**

175 SW 7TH ST  
1523  
MIAMI, FL 33130 US

**New Mailing Address:**

**FEI Number:** 20-0548111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABANAS & ASSOCIATES, P.A.  
10520 NW 26 ST  
C 201  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MALAVE, ANIBAL A  
**Address:** 175 SW 7TH ST , SUITE 1523  
**City-St-Zip:** MIAMI, FL 33130 US

**Title:** MGR  
**Name:** MALAVE, VICTOR A  
**Address:** 175 SW 7TH ST , SUITE 1523  
**City-St-Zip:** MIAMI, FL 33130 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ANIBAL MALAVE

MGR

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date