

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087579

Entity Name: MOVIDA INVESTMENTS LLC

FILED
Apr 15, 2010
Secretary of State

Current Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-2311927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, JOAN BURTON
121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 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: D
Name: BANDEL, STEVEN I
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: VINCENTELLI, CARLOS
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR
Name: BANDEL, STEVEN I
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P
Name: BANDEL, STEVEN I
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S
Name: JENSEN, JOAN B
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: JENSEN, JOAN B
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL 33134 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: STEVEN I. BANDEL

MGR

04/15/2010

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