

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # L05000027316



**Mailing Address**  
550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

4. FEI Number 20-2523007

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE \_\_\_\_\_

**Make check payable to  
Florida Department of State**

10.	ADDITIONS / CHANGES
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TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rodolfo Stern		
STREET ADDRESS	550 Biltmore Way, #1110		
CITY-ST-ZIP	Coral Gables, FL 33134		

TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	David Serviansky		
STREET ADDRESS	550 Biltmore Way, #1110		
CITY - ST - ZIP	Coral Gables, FL 33134		

TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Eduardo Stern		
STREET ADDRESS	550 Biltmore Way, #1110		
CITY - ST - ZIP	San Francisco, CA 94110		

TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Roberto Horwitz		
STREET ADDRESS	550 Biltmore Way, #1110		
CITY - ST - ZIP	San Francisco, CA 94110		

TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bernard Eckstein		
STREET ADDRESS	550 Biltmore Way, # 1110		
CITY-ST-ZIP	San Francisco, CA 94111		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Rodolfo Stern

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

(305) 461-2440