

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000055534

1. Entity Name
LATELE NOVELA NETWORK LLC



Principal Place of Business
**1200 NW 78 AVE, #104
MIAMI, FL 33126**

Mailing Address
**1985 NW 88 CT, #201
MIAMI, FL 33172**



03032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-6808849

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOCHEN, ALEXANDER
1985 NW 88 CT, #201
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000869153

04/09/08-80035-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	IORE, ALEXANDER
STREET ADDRESS	1200 NW 78 AVE, #104
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	PEDRE-IORE, MERCEDES
STREET ADDRESS	1200 NW 78 AVE, #104
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	KOCHEN, ALEXANDER
STREET ADDRESS	1985 NW 88 CT, #201
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

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

Date

Daytime Phone #

03/19/08

786-777-7420