

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071734

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** CURE & PENABAD STUDIO, LLC

**Current Principal Place of Business:**

1209 SAN MIGUEL AVENUE  
CORAL GABLES,, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

235 ALTARA AVENUE  
CORAL GABLES,, FL 33146

**New Mailing Address:**

FEI Number: 20-4522453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PENABAD, CORALEE G  
235 ALTARA AVENUE  
CORAL GABLES, FL 33146 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: MGRM  
Name: PENABAD-CURE, CARIE A  
Address: 1209 SAN MIGUEL AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: CURE, ADIB  
Address: 1209 SAN MIGUEL AVENUE  
City-St-Zip: CORAL GABLES,, FL 33134

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: CARIE A. PENABAD-CURE

MGRM

04/13/2010

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