

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90072 040 \*\*\*\*50.00

**DOCUMENT # L06000058664**

1. Entity Name  
**CUNI HOLDINGS, LLC**



Principal Place of Business  
**3811 RIVIERA DRIVE  
CORAL GABLES, FL 33134**

Mailing Address  
**3811 RIVIERA DRIVE  
CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #  
**8500 SW 81 Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**8500 SW 81 Lane**  
Suite, Apt. #, etc.



04252007 Chg-LLC CR2E083 (12/06)

City & State  
**Miami, Florida**  
Zip **33143** Country **USA**

City & State  
**Miami, Florida**  
Zip **33143** Country **USA**

4. FEI Number  
**20-5460832**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEREZ, CRISTINA H  
8500 SW 81 LANE  
MIAMI, FL 33143**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PLATT, KENNY E  
3811 RIVIERA DRIVE  
CORAL GABLES, FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PLATT, ILEANA H  
3811 RIVIERA DRIVE  
CORAL GABLES, FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PEREZ, CARLOS M  
8500 SW 81 LANE  
MIAMI, FL 33143** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PEREZ, CRISTINA H  
8500 SW 81 LANE  
MIAMI, FL 33143** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

**4/25/07**

Date

**(305) 505 6343**

Daytime Phone #