FILED
Mar 19, 2007 8:00 am
Secretary of State

02-14-2007 90217 012 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

21

DOCUMENT # L06000059959

1. Entity Name
NEWELS, LLC

30002730

02122007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
PO BOX 558944 MIAMI, FL 33255	PO BOX 558944 MIAMI, FL 33255

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2230969 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
XIQUES, ALFREDO D 2950 SW 27TH AVENUE MIAMI, FL 33133	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

:/ MANAGING MEMBERS/MANAGERS		21/ ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABALO, MARISOL C PO BOX 558944 MIAMI, FL 33255 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAZIO, RODOLFO C PO BOX 558944 MIAMI, FL 33255 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

22/ 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.

TJHOBUVSF Marisol Abalo 3/12/07 President

TJHOBUVSF BOE UZQFE PS QSJOUFE OBNF PG TJHOJOH NBOBHJOH NFNCFS NBOBHFS PS BVUI PSJ[FE SFQSFTFOUBUJWF Date Daytime Phone #