2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/

FILED
Feb 12, 2007 8:00 am
Secretary of State

01-18-2007 90016 036 ****50.00

30000440

EPDVNFOU$ L06000068673

2/ Entity Name
TULA AND TUPI LLC

Principal Place of Business	Mailing Address
1717 N BAYSHORE DRIVE #3456 MIAMI, FL 33132	1717 N BAYSHORE DRIVE #3456 MIAMI, FL 33132

3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01072007 Di h.MD DS3F194I)23017"

5/ FEI Number 41-2209511 — Applied For / Not Applicable

6/ Certificate of Status Desired ☐ 96/11 Beejipobm Cf f St r vjs/ e

7/ Olm f foe!Beesf t t !pg!Dvsf outS! hjt d s/ e!Bhf ou

PAUL, RACHEL
3363 S.W. 28TH STREET
MIAMI, FL 33133

8/ Olm f foe!Beesf t t !pg!Ol x !S! hjt d s/ e!Bhf ou

Name

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

City GM Zip Code

9/ 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 resigning) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

1/ MANAGING MEMBERS/MANAGERS		21/ ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete PAUL, RACHEL 3363 S.W. 28TH STREET MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete LUFT, LINDA 1717 N BAYSHORE DRIVE #3456 MIAMI, FL 33133	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: 1/8/07

T.HOBUVSF 60E UEOFE P9 OBUUFE OBNF PG T.HOOEN WBOBOOOH WPOPS- WBOBHFS-P9BNU P9L FEESPSFTTPOUSLOF Date Daytime Phone #