

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085131

FILED
Sep 15, 2008
Secretary of State

Entity Name: CONTEMPO COMPANIES, LLC

Current Principal Place of Business:

814 PONCE DE LEON BLVD.
SUITE 204
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

814 PONCE DE LEON BLVD.
SUITE 204
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-1233685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FELDMAN, ANDREW M
2655 S LE JEUNE ROAD
5TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FERNANDEZ, LUIS R
814 PONCE DE LEON BLVD
204
CORAL GABLES, FL 33134 US

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: LUIS R FERNANDEZ

09/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERNANDEZ, LUIS R
Address: 814 PONCE DE LEON BLVD., #204
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: FERNANDEZ, GIOVANNA M
Address: 814 PONCE DE LEON BLVD., #204
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LUIS R. FERNANDEZ

MGRM

09/15/2008

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