

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057410

FILED  
May 01, 2009  
Secretary of State

Entity Name: CLEBER LOPES BEAUTY & LIFE INSTITUTE, LLC

## Current Principal Place of Business:

701 BRICKELL AVE., SUITE 1550  
MIAMI, FL 33131

## New Principal Place of Business:

330 MIRACLE MILE  
CORAL GABLES, FL 33134

## Current Mailing Address:

701 BRICKELL AVE., SUITE 1550  
MIAMI, FL 33131

## New Mailing Address:

ABADIN COOK-9155 S. DADELAND BLVD., #1208  
MIAMI, FL 33156

FEI Number: 75-3268151      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:

A.T. PLUS OF MIAMI, INC.  
7570 N.W. 14TH STREET, SUITE 112  
MIAMI, FL 33126      US

## Name and Address of New Registered Agent:

BARBOSA, JULIO C ESQ.  
ABADIN COOK-9155 S. DADELAND BLVD., #1208  
MIAMI, FL 33156      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: JULIO C. BARBOSA, ESQ.

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: DE OLIVEIRA, CLEBER L  
Address: 701 BRICKELL AVE., SUITE 1550  
City-St-Zip: MIAMI, FL 33131

Title: MGR      ( ) Delete  
Name: FRANCHINI, EHNRIQUE J  
Address: RUA FRANCISCO BIRIBA 209  
City-St-Zip: SAO PAULO SP BRAZIL 02451040,

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change ( ) Addition  
Name: DE OLIVEIRA, CLEBER L  
Address: 330 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM      (X) Change ( ) Addition  
Name: FRANCHINI, HENRIQUE J  
Address: RUA FRANCISCO BIRIBA 209  
City-St-Zip: SAO PAULO, SP 02451040 BR

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: JULIO C. BARBOSA, ESQ.

RA

05/01/2009

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