L9900003177

1. Entity Name

MIAMI FL 33125

EL BIENVENIDO, LC

Principal Place of Business 15 N.W. 19TH AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

ALONSO, PEDRO

6701 COLLINS AVE., APT 421 MIAMI BEACH FL 33141

City & State

Zip

Mailing Address

15-N.W. 19TH AVENUE MIAMI FL 33125-5407

3. Mailing Address

City & State

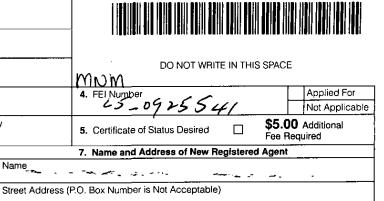
6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

APPROVED

00 APR 18 AM 8: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Zip Code

ß.	The above named entity submits this statement for t	the purpose of changing its registere	ed office or registered agent, or be	oth, in the State of Florida.

Country

City

gridden, typod or printed harro or regulation as	join and ano a apphoable.			
·· ·		***		
	1	FILE NOW!!! FEE IS \$50.00		
	Make Ci	neck Payable to Department of State	e	

9.	MANAGING MEMBER	RS/MEMBERS	10.		ADDITIONS/CHANG	SES	
TITLE	MGRM	☐ Deleta	TITLE			☐ Change	Addition
NAME	NODARSE, ISRAEL		NAME				
STREET ADDRESS	3339 N. MILWAUKEE AVE.		STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60618		CITY-ST-ZIP				
TITLE	MGRM	Delate	TITLE			€ Change	Addition
NAME	ALSONSO, PEDRO		NAME	ALONSO,	PEDRO		
STREET ADDRESS	6701 COLLINS AVE., APT. 421		STREET ADDRESS	., ., .,			
CITY-8T-ZIP	MIAMI BEACH FL 33141		CITY-\$1-ZIP				
TITLE		□ Delete	TITLE			Change	Addition
MAME	-	·	* NAME	- 2	يعال المستعلق يمستاها	·	
STREET AODRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY- ST- ZEP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME	D (0000323	3655U	
STREET ACORESS			STREET ADDRESS			ーーロェレーロー	''' '
CITY- ST-ZIP			CITY- 8T- ZIP		*****50.	[][] 東非海岸湾	*5U.UU
TITLE	•	Delete	TITLE			Change	Addition
MAME			NAME				
STREET ADDRESS			STREET ADDRESS				į
CITY- #1-ZIP		٠	CITY- 8T- ZIP			- 11	
, TITLE		☐ Delete	TITLE			Change	Addition
			NAME				}
STREET ADDRESS			STREET ADDRESS				
CÎN Y- 8T- ZIP			CITY- 8T- ZIP				
	partify that the information supplied with the	pie filing does not qualify for th		ted in Section 119 07/3/i) F	Sorida Statutes I further	certify that the in	nformation

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 of true empowered to execute this report as required by Chapter 608. Florida Statutes.