## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 10, 2002 8:00 am Secretary of State

<u> </u>	<u> </u>	(42.4)	_ Secretary or	State	
DOCUMENT # 6 990000 4003  1. Entity Name			04-10-2002 90017 003 ****50.00		
TECNO LLC					
in What	<del></del>		7		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business  122 (0.15.15.2) 3. Mailing Address					
733 SANFANDER AVE Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State CORAL GABLES F1.			4. FEI Number 65-0934714 Applied For Not Applicable		
Zip 33/34 Country DASE,	Zip	Country		\$5.00 *****	
	<del></del>	1	7. Name and Address of Current Registered Agent	<u> </u>	
PO NOT WRITE			JARAMILLO, EDGARDO		
DO NOT WRITE IN THIS SPACE		Street Address	s (P.O. Box Number is Not Acceptable)		
		700-	3 N. WALER Wan DR. Ste	2/0	
	*	City mid	Am / FL Zig	33/51	
8. The above named entity submits this statement for	the purpose of changing its r	egistered office or register	ed agent, or both, i n the State of Florida.		
SIGNATURE			X1/3/3	2007-	
Signature, upget or printed name of registered agent	and title if applicable.	<del></del>	DATE		
	i i	FEE IS \$50.00 syable to Department	of State		
$\mathcal{A}$	1	DUE BY MAY 1	Of State	1	
9. MANAGING MEMBE					
NAME 7003 N. WALEN WA	ALDO 15213	TITLE	*	2/01	
STREET ADDRESS	4 Dr. #260	STREET ADDRESS		B (1)	
CITY-ST-ZIP miami, f1.33	112	CITY-ST-ZIP		CR2E083B (12/01)	
TITLE NAME		TITLE NAME		CRZ	
STREET ADDRESS		STREET ADDRESS		]	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
TITLE		ITTLE :			
NAME		NAME	IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	•		
TITLE		TITLE.	<del></del>		
NAME STREET ADDRESS		name Stréet address	: •		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME		TITLE			
STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY+ST-ZIP			
indicated on this report is true and accurate and t	that my signature shall have th	ië same legal effect as if m	ection 119.07(3)( i), Florida Statutes. I further certify that nade under oath; that I am a managing member or ma	the information inager of the	
limited liability company or the receiver or trustee	empowered to execute this re	epoπ as required by Chapti	er oue, Fiorida Statu tes.	1	

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE