LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State
06-12-2002 90095 005 ****50.00

DOCUMENT # L99000004135

1. Entity Name
NOUVELLE PROMOTIONS, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19 WEST FLAGLER ST.	19 WEST FLAGLER STR.
Suite, Apt. #, etc. SUITE 600	Suite, Apt. #, etc. SUITE 600
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33130 Country USA	Zip 33130 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650932125 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name TURNER, DAVID M CPA

Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER STR. SUITE 600

City MIAMI FL Zip Code 33130

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CIPOLLETTI, CRISTINA
STREET ADDRESS	3242 MARY STR., SUITE 317
CITY-ST-ZIP	COCONUT GROVE, FL. 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____ (CRISTINA CIPOLLETTI) 05/31/02 305-474-4156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #