* Amended *

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008898

1. Entity Name

Feuermann Company, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8180 NW 36 St.	8180 NW 36 St.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Miami, FL	City & State Miami, FL
Zip 33166 Country USA	Zip 33166 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0972539 ☐ 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: Anthony Robledo

Street Address (P.O. Box Number is Not Acceptable): 8180 NW 36 Street Suite 100

City: Miami FL Zip Code: 33166

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: CLAUDIO A. FEUERMANN 5/1/02.
Signature, typed or printed name of registered agent and date if applicable. DATE

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05/06/02 01000-016 **50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Feuermann, Claudio
STREET ADDRESS	PO BOX 402427
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	MGRM
NAME	Feuermann, Mercedes
STREET ADDRESS	PO BOX 402427
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/94)

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: CLAUDIO A. FEUERMANN. 5/1/02. 305-885-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #