

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000038795

**Entity Name:** CURE CAFE. LLC

**Current Principal Place of Business:**

1800 SW 1 AVENUE  
105  
MIAMI, FL 33129

**Current Mailing Address:**

433 SW 21 ROAD  
MIAMI, FL 33129 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CURE FERREIRA, ALEX  
433 SW 21 ROAD  
MIAMI, FL 33129 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	CURE FERREIRA, ALEX	Name	CUREFERREIRA, ALEX
Address	433 SW 21 ROAD	Address	433 SW 21 ROAD
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CURE FERREIRA ALEX

**MGR**

**03/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date