

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000005379**

1. Entity Name  
**OLD CUTLER, LLC**



Principal Place of Business  
**9655 SOUTH DIXIE HIGHWAY  
SUITE 200  
MIAMI, FL 33156**

Mailing Address  
**9655 SOUTH DIXIE HIGHWAY  
SUITE 200  
MIAMI, FL 33156**



01192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1090493**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LARKIN, JEREMY S  
9655 SOUTH DIXIE HIGHWAY  
SUITE #200  
MIAMI, FL 33156**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	LARKIN, JEREMY S
STREET ADDRESS	9655 S DIXIE HIGHWAY #200
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	MGR
NAME	SCHMIDT, EDWARD L
STREET ADDRESS	9655 SOUTH DIXIE HIGHWAY #200
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	MGR
NAME	RODSTEIN, H JOSH
STREET ADDRESS	9655 SOUTH DIXIE HIGHWAY SUITE 200
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/03/04-80096-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**

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

Date

Day/mo/yr Phone #