

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90123 023 ****55.00

DOCUMENT # L02000004807

1. Entity Name

La Perla Sunny Isles, L.L.C.



DO NOT WRITE IN THIS SPACE

90153502

2. Principal Place of Business

2121 Ponce de Leon Blvd

Suite, Apt. #, etc.

Penthouse

City & State

Coral Gables, FL

Zip
33134

Country
US

3. Mailing Address

same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

02-0570577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)

100 Southeast 2nd Street

Suite 2900

City
Miami

FL

Zip Code
33131

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	mgrm
NAME	P96000072584
STREET ADDRESS	JL Holding Corp.
CITY-ST-ZIP	2121 Ponce de Leon Blvd, PH Coral Gables, FL 33134
TITLE	mgrm
NAME	A00000001423
STREET ADDRESS	Stuart I Meyers Family Partnership LI
CITY-ST-ZIP	2121 Ponce de Leon Blvd, PH Coral Gables, FL 33134
TITLE	mgrm
NAME	P02000011767
STREET ADDRESS	M3, Inc.
CITY-ST-ZIP	2121 Ponce de Leon Blvd, PH Coral Gables, FL 33134
TITLE	mgrm
NAME	P02000011765
STREET ADDRESS	MSM, Inc.
CITY-ST-ZIP	2121 Ponce de Leon Blvd, PH Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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

SIGNATURE:

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

Date

Daytime Phone #

CR2E083B (12/02)