

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03Q00001558

1. Entity Name
14TH AVENUE, L.L.C.



Principal Place of Business
3636 WEST FLAGLER STREET
C/O RON RODMAN
MIAMI, FL 33135

Mailing Address
3636 WEST FLAGLER STREET
C/O RON RODMAN
MIAMI, FL 33135



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3744234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEVINE, ALAN WESQ
1110 BRICKELL AVE.
7TH FLOOR
MIAMI, FL 33131

**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 reselecting)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000944753
05/29/08-80111-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SKOPP, FRED
C/O RON RODMAN 3636 W, FLAGLER ST.
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RODMAN, RON
3636 W, FLAGLER ST
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIVERO, JOSE A
4225 61ST AVE
VERO BEACH, FL 32967

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**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-28-08 305-216-7897