

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

DOCUMENT # L03000031696

1. Entity Name
1110 DEVELOPMENT LLC



SEP 26 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O CARLOS CARABALLO
1300 BRICKELL AVE.
MIAMI, FL 33133

Mailing Address

C/O CARLOS CARABALLO
1300 BRICKELL AVE.
MIAMI, FL 33133



08312007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0261416

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required - - -

6. Name and Address of Current Registered Agent

SANCHEZ, MILAGROS
1300 BRICKELL AVE.
MIAMI, FL 33133

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
DEFORTUNA, EDGARDO A
1300 BRICKELL AVENUE
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DEFORTUNA, ANA CRISTINA
1300 BRICKELL AVENUE
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DEFORTUNA, EDGARDO A.
1300 BRICKELL AVENUE
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700109899557
09/25/07--01042--011 **\$0.00

**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 #