

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90117 046 ***138.75

DOCUMENT # L04000016147

1. Entity Name
14 EAST HIALEAH APARTMENTS, LLC



Principal Place of Business
C/O RIS
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

Mailing Address
7207 SW 24 ST
MIAMI, FL 33155

50003705



04082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0829692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
C/O RIS
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

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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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ALVAREZ JR, JOSE M
STREET ADDRESS 647 ESCOBAR AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR
NAME ALVAREZ, SELINA
STREET ADDRESS 903 ESCOBAR AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR
NAME CONCEPCION, MARIA A
STREET ADDRESS 4300 SANTA MARIA ST
CITY-ST-ZIP MIAMI, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

Sergio Concepción
4/9/08 · 305-267-0208