

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90188 040 ****50.00

DOCUMENT # L05000066760

1. Entity Name
BENTLEY BAY PH 2414, LLC



Principal Place of Business
**169 E. FLAGLER STREET, STE. 1118
MIAMI, FL 33131**

Mailing Address
**169 E. FLAGLER STREET, STE. 1118
MIAMI, FL 33131**

60020511



2. Principal Place of Business - No P.O. Box #
169 E. FLAGLER STREET

3. Mailing Address
169 E. FLAGLER STREET

Suite, Apt. #, etc.
SUITE 1620

Suite, Apt. #, etc.
SUITE 1620

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country
US

Zip
33131

Country
US

02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3114923

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GLINSKY, ERIC
169 E. FLAGLER STREET, STE. 1118
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
GLINSKY, ERIC

Street Address (P.O. Box Number is Not Acceptable)
169 E. FLAGLER STREET, STE 1620

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
GLINSKY, ERIC
555 NE 15TH STREET #705
MIAMI, FL 33132**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
HILLS, RANDI
1000 WEST AVENUE #625
MIAMI BEACH, FL 33139**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-27-07

Date

305-353-4466

Daytime Phone #