## - 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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L07000111244 **DOCUMENT # L07000111244** 1. Entity Name 22808 LA CORNICHE WAY LLC 08 AUG -6 AM 11: 12 ALLAHASSEF FLORIDA Mailing Address Principal Place of Business 7680 NW 78 TERRACE 7680 NW 78 TERRACE MEDLEY, FL 33166 MEDLEY, FL 33166 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03012008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 26-1500559 Zio Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE PROCESS SERVICES Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY MIAMI, FL 33145 City Zip Code 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 religiotored agent and tide it explicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM IME ☐ Defete TITLE ☐ Change ☐ Addition NAME KAMVAR, MOHAMMAD NAME STREET ADDRESS **7801 NW 72ND AVENUE** STREET ADDRESS CITY-ST-7P MEDILEY, FL 33166 CITY-ST-ZIP TITLE ☐ Defete me ☐ Chance ■ Addition NAME STREET ADORESS STREET ADDRESS CITY - 51 - 73P CITY-ST-ZIP MLE ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Celete MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 709 TIDE Delete nn F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MIE ☐ Change Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 flability company or the receiver or pustee epipowered to execute this report as required by Chapter 608, Florida Statutes. 205-156-0056 3/21/68 SIGNATURE:
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGENO NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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