


**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

For Office Use
 APR 30 PM 1:30
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L11000058886**
 1. Entity Name
The Time Luxury Company, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 7900 Harbor Island Dr		3. Mailing Address 7900 Harbor Island Dr	
Suite, Apt. #, ect. 806		Suite, Apt. #, ect. 806	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33141	Country USA	Zip 33141	Country USA

CR2E083B (1/11)

5.
**DO NOT WRITE
IN THIS SPACE**

4. FEI Number 452318639	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Ernesto Amado	
Street Address (P.O. Box Number is Not Acceptable) 7900 Harbor Island Dr	
806	
City Miami Beach	FL Zip Code 33141

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: **Ernesto Amado** DATE: **01/22/2014**

January 1 - May 1 Fee is \$138.75
 After May 1, Fee is \$538.75
 Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address: **TheTimeLuxury@gmail.com**
 To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	Ernesto Amado - Owner. 7900 Harbor Island Dr, 806 Miami Beach, FL, 33141
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10.

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 01/23/14-01005-003 **150.00

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IN THIS SPACE**

S. HAWKES
 JAN 23 AM.
 EXAMINER

NSD

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.165 F.S.

SIGNATURE: **Ernesto Amado** DATE: **01/22/2014** (305) 5898796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Signature Check



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111000058886-97fddf15-0a86-4b4a-85a5-cf58d3937b74	Session file for 111000058886 with last modified date of 4/30/2013 11:47:37 PM Eastern Standard Time.	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
111000058886-97fddf15-0a86-4b4a-85a5-cf58d3937b74	L11000058886	138.75	0	4/30/2013 11:47:37 PM

