

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000563**

NORTH MIAMI BEACH COMMERCE CENTER L.C.
15499 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33162

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

1a. Principal Place of Business Address

15499 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3. Date Organized or Qualified

3a. State of Formation

07/25/1995

FL

City & State

City & State

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0601022

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

03/22/1996

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

KURZMAN, JOHN
801 NE 167 STREET
NORTH MIAMI BEACH FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HOCKHAUSER, PAUL	1 BAY BLVD	LAWRENCE NY
MGR	KURZMAN, JOHN	16496 NE 31 AVE	NORTH MIAMI BEACH FL
MGR	KURZMAN, RHODA	16496 NE 31 AVE	NORTH MIAMI BEACH FL
MGR	LENARD, HOWARD	801 NE 167 STREET 15499 West Dixie Highway	NORTH MIAMI BEACH FL

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****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Rhoda Kurzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/5/97

Date

305-445-4100

Daytime Phone #