

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024534

1. Entity Name
SAMCARLI AT OVERLOOK, LLC



Principal Place of Business
**801 NW 47AVE
OFFICE
MIAMI, FL 33125**

Mailing Address
**6333 SUNSET DRIVE
SOUTH MIAMI, FL 33143**



02082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0811980

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALAS, RAUL ESQ
SALAS, EDE, PETERSON & LAGE, L.L.C.
6333 SUNSET DRIVE
SOUTH MIAMI, FL 33143**

**DO NOT WRITE
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

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000231991
02/16/05-80056-002 200.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHELTON, TERESITA 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, RAUL E 6333 SUNSET DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, ENRIQUE R 6333 SUNSET DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNANCE, TERESITA 6333 SUNSET DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I 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 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:

Teresita Shelton Mgr.
TERESITA SHELTON MGR.

2/9/05

305-775-8176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #