

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

04-28-2006 90031 010 ****50.00

DOCUMENT # L04000093027					
1. Entity Name 1612 INVESTMENTS LLC					
Principal Place of Business 1637 SW 8TH ST MIAMI, FL 33135			Mailing Address 1637 SW 8TH ST MIAMI, FL 33135		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04252008 Chg-LLC CR2E083 (11/05)	
4. FEI Number APPLIED FOR 264-A-8193				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CALDERON, MARIA T 1637 SW 8TH ST MIAMI, FL 33135			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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, name and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALDERON, MARIA T 1637 SW 8TH ST MIAMI, FL 33135	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 registrant or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ (Signature, name and printed name of managing member, manager, or authorized representative) Date _____ Daytime Phone # _____					