

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90037 017 ****50.00

DOCUMENT # L05000063174



1. Entity Name
CONCORD FLAGLER, LLC

Principal Place of Business

66 W. FLAGLER ST.,
SUITE 500
MIAMI, FL 33130

Mailing Address

66 W. FLAGLER ST.,
SUITE 500
MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3053561

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILAR, PATRICK
66 W. FLAGLER STREET
SUITE 500
MIAMI, FL 33130

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, 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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VILAR, PATRICK	
STREET ADDRESS	66 W. FLAGLER ST., SUITE 500	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VILAR, RODRIGO	
STREET ADDRESS	66 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOFILL, JOSE C	
STREET ADDRESS	16820 SW 79 CT.	
CITY-ST-ZIP	PALMETTO BAY, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILAR, RODRIGO	
STREET ADDRESS	66 W. Flagler St., Suite 500	
CITY-ST-ZIP	Miami, FL 33130	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOFILL, JOSE C.	
STREET ADDRESS	66 W. Flagler St., Suite 500	
CITY-ST-ZIP	Miami, FL 33130	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLANO, JACK	
STREET ADDRESS	66 W. Flagler St., Suite 500	
CITY-ST-ZIP	Miami, FL 33130	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jaramillo, Sebastian	
STREET ADDRESS	66 W. Flagler St., Suite 500	
CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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. 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:

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

Date

Daytime Phone #

4/4/07 (305) 374 6667