

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90039 001 ***138.75

DOCUMENT # L07000030523 1. Entity Name 3670.MANGO PLAZA, LLC					
Principal Place of Business 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160				Mailing Address 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160	
2. Principal Place of Business - No P.O. Box # 16850-112 Collins Ave		3. Mailing Address 16850-112 Collins Ave.			
Suite, Apt. #, etc. #285		Suite, Apt. #, etc. #285		01042008 Chg-LLC CR2E083 (12/06)	
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Zip 33160		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, RICHARD C ESQ. 100 S.E. SECOND STREET, SUITE 3300 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> City <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="display: flex; justify-content: space-between;"> FL Zip Code <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHAR FAMILY LIMITED PARTNERSHIP 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16850-112 Collins Ave #285 Miami Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEHAR, MOISES 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16850-112 Collins Ave #285 Miami Beach, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <u>Moses Behar</u> MOISES Behar 1/6/08 305-632-6394 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					