


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90104 043 ***138.75

DOCUMENT # L05000122438		
1. Entity Name 400-431 81ST. STREET, LLC		

Principal Place of Business 5860 PINETREE DRIVE MIAMI BEACH, FL 33110	Mailing Address PO BOX 402566 MIAMI BEACH, FL 33140
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60012408



2. Principal Place of Business - No P.O. Box # <i>3133 Bolan Ave 4th</i>		3. Mailing Address <i>P.O. box 402566</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Hialeah FL</i>		City & State <i>MIAMI beach</i>	
Zip <i>33012</i>	Country <i>USA</i>	Zip <i>33140</i>	Country <i>USA</i>

01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4001449		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, CARLOS 5860 PINETREE DRIVE MIAMI BEACH, FL 33110		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARCIA, CARLOS & YASMIN, AS TEN. BY ENT. 5860 PINETREE DRIVE MIAMI BEACH, FL 33110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 608, Florida Statutes.

SIGNATURE: _____ **Date** _____ **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE