

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L04000048229 1. Entity Name 1930 YBOR CITY, LLC	
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Principal Place of Business 6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487	Mailing Address 6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 34-2002836	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON & AHSELMO
2455 EAST SUNRISE
SUITE 1000
FORT LAUDERDALE, FL 33-3014

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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: _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

DATE
04/11/08-80001-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSIALIAMANIS, PETER 6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSIALIAMANIS, KALLIOPE 6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TSIALIAMANIS, KALLIOPE 6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487
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 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: Peter Bell 3/25/08 954.922.2256

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

PETER TSIALIAMANIS