

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000047673**

1. Entity Name  
**2401 PEMBROKE ROAD, LLC**



Principal Place of Business  
**500 BAYVIEW DR., SUITE 430  
SUNNY ISLES, FL 33160**

Mailing Address  
**P.O. BOX 601052  
MIAMI, FL 33160**



04042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2872520**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SIAMA, SHLOMO  
500 BAYVIEW DR., SUITE 430  
SUNNY ISLES, FL 33160**

**DO NOT WRITE  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

1000000885925  
04/18/08-80035-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BARON, MARILYN
STREET ADDRESS	P.O. BOX 7058
CITY-ST-ZIP	HOLLYWOOD, FL 33081
TITLE	MGRM
NAME	SPERLING, BENJIE
STREET ADDRESS	P.O. BOX 7058
CITY-ST-ZIP	HOLLYWOOD, FL 33081
TITLE	MGRM
NAME	SIAMA, SHLOMO
STREET ADDRESS	P.O. BOX 601052
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Shlomo Siama R.A.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #