

DOCUMENT # L06000086512

1. Entity Name
16235 SW 117 AVENUE, #2, LLC



FILED
Apr 23, 2008 08:00 AM
Secretary of State

Principal Place of Business

10310 SW 90 STREET
MIAMI, FL 33176

Mailing Address

10310 SW 90 STREET
MIAMI, FL 33176



04202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0613335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, PATRICIA F.S.
10310 SW 90 STREET
MIAMI, FL 33176

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MENDOZA, PATRICIA F.S.
STREET ADDRESS	10310 SW 90 STREET
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
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CITY-ST-ZIP	

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05/13/08-80044-002 138.75

**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:

Patricia F.S. Mendoza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

PATRICIA F.S. MENDOZA 4/20/08 786-316-3336