

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90017 022 \*\*\*138.75

**DOCUMENT # L06000122857**

1. Entity Name  
**4106 PROPERTY INVESTMENTS, LLC**



Principal Place of Business  
**2750 N.E. 185 STREET, 2ND FLOOR  
AVENTURA, FL 33180**

Mailing Address  
**2750 N.E. 185 STREET, 2ND FLOOR  
AVENTURA, FL 33180**

**60038079**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIFFMAN, ADAM R ESQ  
2999 N.E. 191ST STREET, STE 900  
AVENTURA, FL 33180**

Name **Schiffman, Adam R., Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**2750 NE 185th Street**

**Second Floor**

City **Aventura**

**FL**

**33180**

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**

**Make check payable to:  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SIPAHIOGLU, MEHMET MELIH  
2750 N.E. 185 STREET 2ND FLOOR  
AVENTURA, FL 33180** ☐ Delete

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #