

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90235 020 \*\*\*138.75

<b>DOCUMENT # L05000044656</b> 1. Entity Name <b>3380 N.W. 79TH STREET, LLC</b>					
Principal Place of Business <b>1430 NW 88TH AVENUE MIAMI, FL 33172</b>			Mailing Address <b>1430 NW 88TH AVENUE MIAMI, FL 33172</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEIN # <b>26-2508180</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				04292008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>LAPCIUC, MARCOS 1430 NW 88TH AVENUE MIAMI, FL 33172</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LAPCIUC, MARCOS 1430 NW 88TH AVENUE MIAMI, FL 33172</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LAPCIUC, ISRAEL 1430 NW 88TH AVENUE MIAMI, FL 33172</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date Daytime Phone #</small>	

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/7/2008-90235-020-\$138.75-\$138.75

**DOCUMENT # L05000044656**

1. Entity Name  
3380 N.W. 79TH STREET, LLC



Principal Place of Business  
1430 NW 88TH AVENUE  
MIAMI, FL 33172

Mailing Address  
1430 NW 88TH AVENUE  
MIAMI, FL 33172

**ATTACHMENT**

30005934

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
APPLIED FOR

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

LAPCIUC, MARCOS  
1430 NW 88TH AVENUE  
MIAMI, FL 33172

Name

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

City

FL

Zip Code

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 reappointing)

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  
LAPCIUC, MARCOS  
1430 NW 88TH AVENUE  
MIAMI, FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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MIAMI, FL 33172 ☐ Delete

TITLE  
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LAPCIUC, TANIA  
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SIGNATURE:

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

3/28/08

Daytime Phone #

ATTACHMENT

30005934

# L05000044656

049J82020052

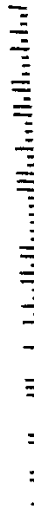
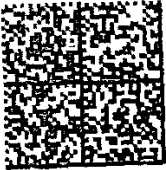
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04/25/2008

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