

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 30 AM 8:22

DOCUMENT # L07000027463

1. Entity Name
1409 WASHINGTON/WILMSLOW, LLC



SECRETARY OF STATE
FILED TALLAHASSEE, FLORIDA

APR 30 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1409 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

Mailing Address
1409 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

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

1409 Washington Ave
Suite, Apt. #, etc.

3. Mailing Address

1435 Washington Ave
Suite, Apt. #, etc.



04242008 Chg-LLC CR2E083 (12/06)

City & State
Miami Beach FL

Zip
33139

Country
USA

City & State
Miami Beach FL

Zip
33139

Country
USA

4. FEI Number
68-6646299

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME ☐ Delete
President -
1435 Washington Ave
Miami Beach FL 33139

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE: _____

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

4/25/08 538-7395

Date Daytime Phone