


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:11

DOCUMENT # L05000111378	
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1. Entity Name
82ND STREET LLC

Principal Place of Business
21026 NE 32ND AVENUE
AVENTURA, FL 33180

Mailing Address
21026 NE 32ND AVENUE
AVENTURA, FL 33180

2. Principal Place of Business - No P.O. Box #
21026 NE 32nd Avenue

3. Mailing Address
21026 NE 32nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
20-3830665

Applied For
Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

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

6. Name and Address of Current Registered Agent

SEUSS CONSULTING GROUP, LLC
2333 BRICKELL AVE., #1915
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name - SEUSS Consulting Group, LLC

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

801 Brickell Avenue, Suite 900

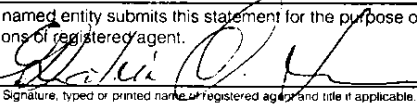
City Miami

FL

Zip Code 33131

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



Katrin Seuss

4/22/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME NOWAK, THOMAS
STREET ADDRESS 21026 NE 32ND AVENUE
CITY-ST-ZIP AVENTURA, FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300128285283
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TITLE
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CITY-ST-ZIP

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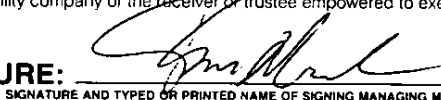
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:



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

4-24-08 (305) 335 2732

Date

Daytime Phone #