

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:44

DOCUMENT # L06000047219

1. Entity Name
142 GIRALDA LLC



Principal Place of Business
201 CROSS STREET
MIAMI SPRINGS, FL 33166

Mailing Address
201 CROSS STREET
MIAMI SPRINGS, FL 33166



03242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4967892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARGUELLES, FRANCISCO J
201 CROSS STREET
MIAMI SPRINGS, FL 33166

**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**

700130999847
06/06/08--01027--015 **2453.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAIDEN, AMIN
1643 BRICKELL AVE, APT 2305
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAIDEN, SILVIA
1643 BRICKELL AVE, APT 2305
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAIDEN DE NAVARRO, SILVIA
1643 BRICKELL AVE, APT 2305
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FILED JUN 10 2008

**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:

Silvia Saiden

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

03/24/08

Date

Daytime Phone #