

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123873

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** 348 THE POINT ORLANDO, LLC

**Current Principal Place of Business:**

18911 COLLINS AVE UNIT 1405  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18911 COLLINS AVE UNIT 1405  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 80-0179838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANGULO, PAOLA  
18911 COLLINS AVE UNIT 1405  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ANGULO, PAOLA  
**Address:** 18911 COLLINS AVE UNIT 1405  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** MGRM  
**Name:** ANGULO, MARCELA  
**Address:** 18911 COLLINS AVE UNIT 1405  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** MGRM  
**Name:** ANGULO, ENRIQUE  
**Address:** 18911 COLLINS AVE UNIT 1405  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** PAOLA ANGULO

MGRM

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date