2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2012
Secretary of State

DOCUMENT# L02000017042

Entity Name: CHARLESTON CENTER, LLC

Current Principal Place of Business:

21396 MARINA COVE CIR
J15
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21396 MARINA COVE CIR
J15
AVENTURA, FL 33180

New Mailing Address:

PO BOX 611627
NORTH MIAMI, FL 33261

FEI Number: 02-0635632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTECALVO, MARIO J
16001 COLLINS AVE
405
SUNNY ISLES, 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: MONTECALVO, MARIO J
Address: 16001 COLLINS AVE
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 Statues.

SIGNATURE: MARIO MONTECALVO MGRM 03/23/2012

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