

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000042795

Entity Name: CITY M HOLLYWOOD, LLC

FILED
Apr 15, 2012
Secretary of State

Current Principal Place of Business:

17027 WEST DIXIE HIGHWAY, SUITE 110
SUITE 110
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

2236 VAN BUREN STREET
HOLLYWOOD, FL 33020

Current Mailing Address:

17027 WEST DIXIE HIGHWAY, SUITE 110
SUITE 110
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 45-2207487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANZA, MELISSA P ESQ.
104 CRANDON BLVD.
SUITE 420
KEY BISCAYNE, FL 33149 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: MGR
Name: MABOTKI INVESTMENTS, LLC
Address: 17027 WEST DIXIE HIGHWAY, SUITE 110
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR
Name: COLLINSVILLE, LLC
Address: 17027 WEST DIXIE HIGHWAY, SUITE 110
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR
Name: CLRS INVESTMENT GROUP, LLC
Address: 17027 WEST DIXIE HIGHWAY, SUITE 110
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR
Name: ROCADAN, LLC
Address: 17027 WEST DIXIE HIGHWAY, SUITE 110
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR
Name: STAR BRIGHT 2011, LLC
Address: 17027 WEST DIXIE HIGHWAY, SUITE 110
City-St-Zip: NORTH MIAMI 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: COLLINSVILLE LLC

MGR

04/15/2012

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