

FILED
Apr 14, 2008 08:00 AM
Secretary of State

Mailing Address
1320 SOUTH DIXIE HWY
STE 940
CORAL GABLES, FL 33146



CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0987309	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSKOWITZ, JEROME
1320 SOUTH DIXIE HWY, STE 940
CORAL GABLES, FL 33146

**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)

04/24/08-80057-005 139.75

FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS

TITLE	M
NAME	HERSKOWITZ, JEROME TRUSTEE
STREET ADDRESS	132050 SO. DIXIE HWY, STE 940
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	M
NAME	HERSKOWITZ, BERNARD TRUSTEE
STREET ADDRESS	132050 SO. DIXIE HWY, STE 940
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	M
NAME	EASTON, EDWARD TRUSTEE
STREET ADDRESS	132050 SO. DIXIE HWY, STE 940
CITY - ST - ZIP	CORAL GABLES, FL 33146

TITLE	M
NAME	GREENWALD, ALLEN R TRUSTEE
STREET ADDRESS	132050 SO. DIXIE HWY, STE 940
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	M
NAME	SCHWARTZ, ERIC J TRUSTEE
STREET ADDRESS	132050 SO. DIXIE HWY, STE 940
CITY - ST - ZIP	CORAL GABLES, FL 33146

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
1	1	1	1
2	2	2	2
3	3	3	3
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**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:

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

Date _____

Daytime Phone # _____

Bernard Herskowitz