

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000004249

1. Entity Name
TWO-O-THIRD AVENTURA LLC.



Principal Place of Business
C/O NATHAN LEWINGER
2600 ISLAND BLVD., APT. 2906
AVENTURA, FL 33180

Mailing Address
C/O NATHAN LEWINGER
2600 ISLAND BLVD., APT. 2906
AVENTURA, FL 33180

FILED
Sep 03, 2008 08:00 AM
Secretary of State



07142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2255295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**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 \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE MEM
NAME ROSS, JORDON
STREET ADDRESS 3000 ISLAND BLVD.
CITY-ST-ZIP AVENTURA, FL 33160

TITLE MEM
NAME LEWINGER, NATHAN
STREET ADDRESS 2600 ISLAND BLVD. #2906
CITY-ST-ZIP AVENTURA, FL 33160

TITLE MEM
NAME LEWINGER, SARA T
STREET ADDRESS 2600 ISLAND BLVD. #2906
CITY-ST-ZIP AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

L000000958866
09/03/08-80006-006 538.75

**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

8/29/08 305 935 3096

Date

Daytime Phone #