

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # L00000007985

1. Entity Name
FANTASY OF THE OCEAN, LLC



Principal Place of Business
16375 NE 18TH AVE. #201
NORTH MIAMI BEACH, FL 33162

Mailing Address
16375 NE 18TH AVE. #201
NORTH MIAMI BEACH, FL 33162



04142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0949119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAFER, LEWIS R ESQ
SHAFER & ASSOCIATES, P.A.
3299 N.W. BOCA RATON BLVD., SUITE 200
BOCA RATON, FL 33431

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000323816
04/25/05-60133-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SOLTANIK, ENRIQUE
16375 NE 18TH AVE. #201
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DEPALMA, MIGUEL
16375 NE 18TH AVE. #201
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PILATTI, LUIS
16375 NE 18TH AVE. #201
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #