

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008053

1. Entity Name
SURFACE INVESTMENTS, L.C.



Principal Place of Business

4401 N.W. 167 STREET
MIAMI, FL 33055

Mailing Address

4401 N.W. 167 STREET
MIAMI, FL 33055



03152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1031824

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
20801 BISCAYNE BLVD., SUITE 501
AVENTURA, FL 33180

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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 reinstalling)

DATE

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

UD00000341981
-04/29/05-80038-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEVY, JACOB
4401 N.W. 167 STREET
MIAMI, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
FRIJA, KEVIN
4401 N.W. 167 STREET
MIAMI, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LEVY, NISSIM
4401 N.W. 167 STREET
MIAMI, FL 33055

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)(f), 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:

Jacob Levy

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

Date

Daytime Phone #

4/25/05 305 474 7616