

2001-2002

1 of 2

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000010794

1. Entity Name

114TH AVENUE, LLC.

FILED

2002 SEP -9 AM 11:36

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4811 N.W. 79 AV.

Suite, Apt. #, etc.

SUITE # 5

City & State

MIAMI FLORIDA

Zip

33166

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1129132

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BRADFORD A. THOMAS

Street Address (P.O. Box Number is Not Acceptable)

SUITE 350

6161 BLUE LAGOON DRIVE

City

MIAMI, FLORIDA

Zip Code

33126-2047.

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

BRADFORD A. THOMAS

09/ /02

DATE

400007659884--2

-09/11/02--01026--012

\*\*\*\*105.00 \*\*\*\*105.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOOVER CO., LLC 4811 N.W. 79 AV. SUITE # 5 MIAMI FL. 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHN W. HOOVER JR. 4811 N.W. 79 AV. SUITE # 5 MIAMI FL. 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LALITA AIRAN 1429 ALEGRIANO AV. CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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

JOHN W. HOOVER, JR (MGR) (305) 5926559

Date

Daytime Phone #

CR2E083B (12/01)

2012

114 TH AVENUE, LLC  
4811 NW 79 Avenue, Suite #202  
Miami, FL 33166  
(305) 592-6559

FILED

2012 SEP -9 AM 11:36  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

September 5, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 114TH AVENUE, LLC      DOC.# L00000010794

Ladies & Gentlemen:

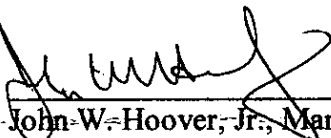
I am writing as a follow up to our phone conversation.

I did not receive the renewal form for the above referenced LLC.

Enclosed please find the completed LLC UNIFORM BUSINESS REPORT form along with a check in the amount of \$105.00 as indicated, to cover registration for years 2001 and 2002, and for a Certificate of Status.

Thank you so much for your help on this matter, should you have any questions feel free to call me.

Cordially,



John W. Hoover, Jr., Manager