

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90033 041 ****50.00

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01042006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L00000011410 1. Entity Name DENNIS & ASSOCIATES REALTY SERVICES, LLC					
Principal Place of Business 8861 S.W. 131 STREET MIAMI, FL 33176			Mailing Address 8861 S.W. 131 STREET MIAMI, FL 33176		
2. Principal Place of Business 1550 madruaga ave. Suite, Apt. #, etc. #150		3. Mailing Address 1550 Madruaga ave. Suite, Apt. #, etc. #150			
City & State Coral Gables FL.		City & State Coral Gables FL			
Zip FL 33146		Country USA		Zip 33146	
Country USA		4. FEI Number 65-1040841			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DENNIS, EDUARDO 8861 S.W. 131 STREET MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNIS, EDUARDO 6090 SW 112 ST MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, LIANA 6090 SW 112 ST MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, LIANA 6090 SW 112 ST MIAMI, FL 33156	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, LIANA 6090 SW 112 ST MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, LIANA 6090 SW 112 ST MIAMI, FL 33156	<input type="checkbox"/> Delete			
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: <i>Eduardo Dennis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				1/10/06 786-346-1496 Date Daytime Phone #	