

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90065 045 ****50.00

DOCUMENT # L01000004963

1. Entity Name
SECTION 17 ASSOCIATES, LLC



Principal Place of Business
3155 NW 82 AVE
SUITE 101
MIAMI, FL 33122

Mailing Address
329 GRANELLO AVENUE
CORAL GABLES, FL 33146

24057106



2. Principal Place of Business

3. Mailing Address
3155 NW 82 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
101

04222004 Chg-LLC CR2E083 (10/03)

City & State

City & State
Miami, FL

4. FEI Number
65-1095596

Applied For
Not Applicable

Zip

Country

Zip
33122

Country
Dade

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES, FL 33146

Name
The Doran Jason Group of Florida, Inc.
Street Address (P.O. Box Number is Not Acceptable)
3155 NW 82 Ave
101
City Miami FL Zip Code 33122

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS JASON, DORAN
CITY-ST-ZIP 8600 DORAL BLVD., SUITE 101
MIAMI, FL 33166 ☐ Delete

TITLE
NAME MGRM
STREET ADDRESS Jason, Doran A.
CITY-ST-ZIP 3155 NW 82 Ave # 101
Miami, FL 33122 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #