

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000005379

1. Entity Name
OLD CUTLER, LLC



Principal Place of Business
9655 SOUTH DIXIE HIGHWAY
SUITE 200
MIAMI, FL 33156

Mailing Address
9655 SOUTH DIXIE HIGHWAY
SUITE 200
MIAMI, FL 33156



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1090493

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARKIN, JEREMY S
9655 SOUTH DIXIE HIGHWAY
SUITE #200
MIAMI, FL 33156

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARKIN, JEREMY S 9655 S DIXIE HIGHWAY #200 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMIDT, EDWARD L 9655 SOUTH DIXIE HIGHWAY #200 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODSTEIN, H JOSH 9655 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI, FL 33156
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07/23/07-80007-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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 registered 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

7/5/07
Date

Daytime Phone # _____