

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90037 038 ****50.00

DOCUMENT # L01000007853

1. Entity Name
9700 INVESTMENT LLC



Principal Place of Business
9700 NW 17 STREET
MIAMI, FL 33172

Mailing Address
9700 NW 17 STREET
MIAMI, FL 33172

40003913



01152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1107987

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, DAVID A
9700 NW 17 STREET
MIAMI, FL 33172

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM PRESIDENT, DIRECTOR
NAME PEREZ, DAVID
STREET ADDRESS 9700 NW 17 ST
CITY-ST-ZIP MIAMI, FL 33172

TITLE VP D
NAME JOSEPH H. PEREZ
STREET ADDRESS 9700 NW 17TH STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE SECRETARY
NAME SILVIA C. CALABALLO
STREET ADDRESS 9700 NW 17TH STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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, OR AUTHORIZED REPRESENTATIVE

DAVID A. PEREZ

1-15-2007

305-593-6958

Date

Daytime Phone #