

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000008552

1. Entity Name

PIERCE HOUSE APARTMENTS LLC



Principal Place of Business

2735 PIERCE STREET
HOLLYWOOD FL 33020

Mailing Address

8780 S.W. 87TH STREET
MIAMI FL 33173



2. Principal Place of Business - No P.O. Box #

2735 Pierce Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Hollywood, Florida

City & State

4. FEI Number

65-1107586

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, IVELISSE
8780 S.W. 87TH STREET
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MARTINEZ, IVELISSE
8780 S.W. 87TH STREET
MIAMI FL 33173

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03/29/07-80076-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ivelisse Martinez / IVELISSE MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

March 15, 2007 (305) 321-0974