

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90120 045 ***138.75

60040630



05012008 Chg-LLC CR2E083 (12/06)

4. FFL Number 65-1125466 Applied For Not Applicable

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

DOCUMENT # L01000010109

1. Entity Name
DOS OF EDEN SPRINGS, LLC



Principal Place of Business Mailing Address
501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE
SUITE 506 SUITE 506
MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
799 Brickell Plaza 799 Brickell Plaza
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 700 Suite 700
City & State City & State
Miami, FL Miami, FL
Zip Country Zip Country
33131 USA 33131 USA

6. Name and Address of Current Registered Agent
SCHLESINGER, MICHAEL J.
501 BRICKELL KEY DRIVE
SUITE 506
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name Michael J. Schlesinger, P.A.
Street Address (P.O. Box Number is Not Acceptable)
799 Brickell Plaza
Suite 700
City Miami FL Zip Code 33131

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 \$138.75 After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDO, JORGE A 300 71ST STREET SUITE 410 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Michael J. Schlesinger Date 5-2-2008 (305) 373-8993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #