

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90028 041 \*\*\*\*50.00

**DOCUMENT # L01000014604**

1. Entity Name  
**GRAND COMMODORE, L.L.C.**



Principal Place of Business

**3148 NW 72ND AVE  
MIAMI, FL 33122**

Mailing Address

**3148 NW 72ND AVE  
MIAMI, FL 33122**

**60056006**



07062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1133826**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MALEKI, HOMA  
3148 NW 72ND AVE  
MIAMI, FL 33122**

**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 renating)

(DATE)

**9/1/07**

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MALEKI, HOMA
STREET ADDRESS	3148 NW 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	MGR
NAME	MOZTARZADEH, ALI
STREET ADDRESS	3148 NW 72ND AVE
CITY-ST-ZIP	MIAMI FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

**9/1/07 305-463-7879**

Date

Daytime Phone #