

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90020 008 ****50.00

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1. Entity Name
121 STORE LLC



Principal Place of Business
439 POINCIANA ISLAND DR
NORTH MIAMI BEACH, FL 33160

Mailing Address
439 POINCIANA ISLAND DR
NORTH MIAMI BEACH, FL 33160

14001293



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1146023

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOETT, ADRIAN F
3230 SW 60 AV.
MIAMI, FL 33155

Name DANIE CANELO

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

13795 NE 20 PL

City NORTH MIAMI BEACH FL Zip Code 33181

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GOETT, ADRIAN F
STREET ADDRESS 3230 SW 60 AV.
CITY-ST-ZIP MIAMI, FL 33155 ☒ Delete

TITLE MGR
NAME SIROIT, GASTON
STREET ADDRESS 439 POINCIANA ISLAND DR.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 ☐ Delete

TITLE MGR
NAME CANELO, DANIEL
STREET ADDRESS 13795 NE 20 PL
CITY-ST-ZIP NORTH MIAMI, FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #