

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020325

1. Entity Name
MIAMI IPC (655), LLC



Principal Place of Business
**655 NE 149 ST
N. MIAMI BEACH, FL 33162**

Mailing Address
**1874 NE 170 ST
34
N. MIAMI BEACH, FL 33162**

DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1157232

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLEINMAN, CHAIM
301 174TH ST # 2214
SUNNY ISLES BEACH, FL 33160**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME KLEINMAN, CHAIM
STREET ADDRESS 301 174TH ST # 2214
CITY-ST-ZIP SUNNY ISLES BCH, FL 33160

TITLE VP
NAME MILLER, ISSAC
STREET ADDRESS 2085 SAN SIMEON WAY # 103
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33169

TITLE S
NAME KLEINMAN, ESTHER
STREET ADDRESS 301 174TH ST # 2214
CITY-ST-ZIP SUNNY ISLES BCH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/29/03 90050 047 \$150.00

**DO NOT WRITE
IN THIS SPACE**

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: Esther Kleinman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/7/05 305 9333050