

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # L01000020325

1. Entity Name
MIAMI IPC (655), LLC



Principal Place of Business

**655 N.E 149 ST
MIAMI, FL 33161**

Mailing Address

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



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000781851
01/15/08-80051-015 138.75

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	

**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: Esther Kleinman

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

Date

Daytime Phone #

1/7/08 3059472202