

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90310 041 ****50.00

DOCUMENT # L02000007544

1. Entity Name
BRICKSTEIN CONSTRUCTION, LLC



Principal Place of Business

**7392 NW 35 TERR
STE 206
MIAMI, FL 33122**

Mailing Address

**7392 NW 35 TERR
STE 206
MIAMI, FL 33122**

2. Principal Place of Business - No P.O. Box #

168 SE 1st ST

3. Mailing Address

168 SE 1st ST

Suite, Apt. #, etc.

601

Suite, Apt. #, etc.

601

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

Zip

33131

Country

01122007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
04-3630416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEIN, JORGE E
7392 NW 35 TERR 206
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **Jorge Stein**

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

168 SE 1st ST #601

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STEIN, JORGE E
2725 SALZEDO STREET
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STEIN, JORGE E
7392 NW 35 TERR 206
MIAMI, FL 33122** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STEIN, JORGE E
7395 NW 35 TERR 206
MIAMI, FL 33122** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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 of 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 #

02/08/07