

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000010223

1. Entity Name
MIAMI CINQUE, LLC



Principal Place of Business
**6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33126**

Mailing Address
**6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33126**



04282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0593269

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROLAND, BOLIS
6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33126**

**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)

**Filing Fee is \$50.00
Due by May 1, 2006**

05/11/06-80122-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BOLIS, ROLAND M
STREET ADDRESS 6101 BLUE LAGOON DR. SUITE 430
CITY-ST-ZIP MIAMI, FL 33126

TITLE MGR
NAME D'ANCONA, IRMA
STREET ADDRESS 6101 BLUE LAGOON DR. SUITE 430
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #