

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000010557

1. Entity Name
3675 N.W. 67 STREET, LLC



Principal Place of Business

6300 NW 72 AVE.
MIAMI, FL 33166

Mailing Address

6300 NW 72 AVE.
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



04162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
48-1260926

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GENET, SANDOR F ESQ.
GENET & ASSOCIATES, P.A.
99 NE 167TH ST.
NORTH MIAMI BEACH, FL 33162

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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, 2004

U00000122357

04/21/04-80025-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHECHTER, YEHUDA
STREET ADDRESS	6300 NW 72 AVE.
CITY- ST- ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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NAME	
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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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #