

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90024 047 ****50.00

DOCUMENT # L02000012900

1. Entity Name

ADVENIR@MAJESTIC, LLC



Principal Place of Business

Mailing Address

~~10 WATERCHASE DRIVE~~
~~ROCKY HILL CT 06067~~

~~10 WATERCHASE DRIVE~~
~~ROCKY HILL CT 06067~~



2. Principal Place of Business

17501 Biscayne Blvd

3. Mailing Address

17501 Biscayne Blvd DEPARTMENT OF STATE

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

1ST MOORE

CR2E083 (10/05)

4. FEI Number

46-0480888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLNICK, NEIL S
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33313-3

Name

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

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ADVENIR, LLC
10 WATERCHASE DRIVE
ROCKY HILL CT 06067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Vecchitto, Stephen L
c/o Advenir, Inc.
17501 Biscayne Blvd., Aventura, FL 33160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-15-06