

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90294 026 ****50.00

DOCUMENT # L02000021806



1. Entity Name
MB307, LLC

Principal Place of Business
18851 NE 29TH AVENUE, SUITE 900
AVENTURA, FL 33180

Mailing Address
18851 NE 29TH AVENUE, SUITE 900
AVENTURA, FL 33180

24017825



2. Principal Place of Business
18851 NE 29TH AV

3. Mailing Address
18851 NE 29TH AV

Suite, Apt. #, etc.
#900

Suite, Apt. #, etc.
900

02052004 Chg-LLC CR2E083 (10/03)

City & State
AVENTURA FL

City & State
AVENTURA - FL

4. FEI Number
45-0487800

Applied For
Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

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

ROUSSO, MARK E ESQ.
18851 NE 29TH AVENUE, SUITE 900
AVENTURA, FL 33180

Name
ROUSSO, MARK E. ESQ

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

18851 NE 29TH AVE #900

City
AVENTURA

FL 33180

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROLDAN, JOSE MARIA
18100 NORTH BAY ROAD UNIT 307
SUNNY ISLES BEACH, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CASTROMIL, FEDENCO LOPEZ
18100 NORTH BAY ROAD UNIT 307
SUNNY ISLES BEACH, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/02/04 (786) 279 000
Date Daytime Phone #