

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90006 003 \*\*\*\*50.00

DOCUMENT # L02000031518

1. Entity Name

LATITUDE 24, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2679 Tigertail Ave  
Suite, Apt. #, etc. H

3. Mailing Address

2679 Tigertail Ave  
Suite, Apt. #, etc. H

DO NOT WRITE IN THIS SPACE

City & State

miami, FL

City & State

miami, FL

4. FEI Number

48-128 6596

Applied For

Not Applicable

Zip

33133

Country

Dade

Zip

33133

Country

Dade

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark Marandino

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

2679 Tigertail Ave # H

City

miami

FL

Zip Code

33133

**DO NOT WRITE  
IN THIS SPACE**

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

Mark Marandino

2/25/03

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
Mark Marandino  
2679 Tigertail Ave # H  
miami, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
David E. Silverberg Jr.  
12900 150th CT North  
Jupiter, FL 33478

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
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

Mark Marandino

2/25/03 305 670-3113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)