

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90116 039 ****50.00

DOCUMENT # L03000000821

1. Entity Name

GALERIE D'ART NADER, LLC



Principal Place of Business

**1911 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

Mailing Address

**1911 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

2. Principal Place of Business

1911 Ponce de Leon Blvd

3. Mailing Address

None

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

None

Zip

33134

Country

USA

Zip

None

Country

None

4. FEI Number

41-2073726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NADER, MYRIAM F
1911 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

1911 Ponce de Leon Blvd

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

City

Coral Gables

FL

Zip Code

33134

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/30/04

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
NADER, MYRIAM
1911 PONCE DE LEON BLVD.
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
NADER, JOHN
1911 PONCE DE LEON BLVD.
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
None ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
None ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
None ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
None ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
None ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
None ☐ Change ☐ Addition

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CITY - ST - ZIP
None ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
None ☐ 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] **MYRIAM F. NADER**

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

7/30/04

Date

305.444.1740

Daytime Phone #