

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90138 046 ****50.00

DOCUMENT # L03000007681

1. Entity Name

URBAN 860, LLC



Principal Place of Business

P.O. BOX 80-2408
AVENTURA FL 33280

Mailing Address

P.O. BOX 80-2408
AVENTURA FL 33280

2. Principal Place of Business

860 N.E. 79 ST.
Suite, Apt. #, etc.

3. Mailing Address

5024 Altou Rd
Suite, Apt. #, etc.



MOORE

CR2E083 (4/04)

City & State

Miami FL

Zip

33133

Country

Dade

City & State

Miami Beach FL

Zip

33140

Country

Dade

4. FEI Number

54-1880491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GANGUZZA, JOSEPH H
150 WEST FLAGLER STREET
2701
MIAMI FL 33130

7. Name and Address of New Registered Agent

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] Denis Peters

8/25/04

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

(NOTE: Registered Agent signature required when reinstating.)

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 MGRM ☐ Delete
NAME MADOW, JASON
STREET ADDRESS P.O. BOX 80-2408
CITY-ST-ZIP AVENTURA FL 33280

TITLE MGRM ☐ Delete
NAME PETERS, DENNIS
STREET ADDRESS P.O. BOX 80-2408
CITY-ST-ZIP AVENTURA FL 33280

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5024 Altou Road
CITY-ST-ZIP Miami Beach FL 33140

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

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

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

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

8/24/04 305-868-5197

Date

Daytime Phone #