

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008840

1. Entity Name
8TH STREET MISSION, LLC



FILED

2004 MAR -9 PM 4: 05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
200 SE 9TH STREET
FORT LAUDERDALE, FL 33316 US

Mailing Address
200 SE 9TH STREET
FORT LAUDERDALE, FL 33316 US

2. Principal Place of Business
106 SE 9 STREET

3. Mailing Address
106 SE 9 STREET

City & State
FT. LAUDERDALE, FL.

City & State
FT. LAUDERDALE, FL

Zip
33316

Country
USA

Zip
33316

Country
USA

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, YVONNE L
200 SE 9TH STREET
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
106 SE 9 STREET
City
FT. LAUDERDALE FL Zip Code
33316

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)

DATE

1-20-04

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

MGR
BRIGLIO, BARBARA B
200 SE 9TH STREET
FORT LAUDERDALE, FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

106 SE 9 STREET
FT. LAUDERDALE, FL 33316

☒ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP

688838249516
03/10/04--01083--007 \$300.00

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

Date

Daytime Phone #

Yvonne L. Hernandez 1/20/04 954-760-6000