

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90191 018 ****50.00

DOCUMENT # L03000016379

1. Entity Name

CK AT DORAL, LLC



Principal Place of Business

BAYSHORE EXECUTIVE PLAZA
10800 BISCAYNE BLVD., STE. 820
NORTH MIAMI FL 33161-7482

Mailing Address

BAYSHORE EXECUTIVE PLAZA
10800 BISCAYNE BLVD., STE. 820
NORTH MIAMI FL 33161-7482



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0627642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

CHRISTIAN MAHE DE BERDOUARE
10800 BISCAYNE BLVD., STE 820
NORTH MIAMI FL 33161-7482

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, 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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: D
NAME: CHRISTIAN MAHE DE BERDOUARE
STREET ADDRESS: 10800 BISCAYNE BLVD., STE. 820
CITY-ST-ZIP: NORTH MIAMI FL 33161-7482 ☐ Delete

TITLE: MGRM
NAME: SCOTTO, MARIA
STREET ADDRESS: 10800 BISCAYNE BLVD., STE 820
CITY-ST-ZIP: NORTH MIAMI FL 33161-7482 ☒ Delete

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10. ADDITIONS/CHANGES

TITLE:
NAME:
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CITY-ST-ZIP:
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Daytime Phone #

4/27/2007