

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021325

Entity Name: 3801 NW 2ND AVE., LLC

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

3930 N.E. 2ND AVENUE, SHOWROOM 107  
MIAMI, FL 33137

## New Principal Place of Business:

151 NE 40TH ST  
MIAMI, FL 33137

## Current Mailing Address:

3930 N.E. 2ND AVENUE, SHOWROOM 107  
MIAMI, FL 33137

## New Mailing Address:

151 NE 40TH ST  
MIAMI, FL 33137

FEI Number: 20-0808376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, JUAN E ESQUIRE  
80 S.W. 8TH STREET, SUITE 2550  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROSEN, NEIL  
Address: 3930 NE 2ND AVENUE STE 107  
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete  
Name: ROSEN, ELIZABETH  
Address: 3930 NE 2ND AVENUE STE 107  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ROSEN, NEIL  
Address: 151 NE 40TH ST  
City-St-Zip: MIAMI, FL 33137

Title: MGRM (X) Change ( ) Addition  
Name: ROSEN, ELIZABETH  
Address: 151 NE 40TH ST.  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEIL ROSEN

PRES

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date