

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90408 031 ****50.00

DOCUMENT # L03000022055

1. Entity Name

540 MIAMI, L.L.C.



Principal Place of Business

**1301 NW 89TH COURT
SUITE 219
MIAMI FL 33172**

Mailing Address

**1301 NW 89TH COURT
SUITE 219
MIAMI FL 33172**

24044020



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

14-1895917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOJNOVER, DIEGO
1301 NW 89TH COURT
SUITE 219
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

GABRIEL TORRES

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

1301 NW 89TH COURT, STE 219

City

MIAMI

FL

33172

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

01/26/04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **TORRES, GABRIEL E**
STREET ADDRESS **1301 NW 89TH COURT**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **MGR** ☐ Delete
NAME **KOJNOVER, DIEGO**
STREET ADDRESS **1301 NW 89TH COURT**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **MGR** ☐ Delete
NAME **PRABHAKAR, MAHAVEER P**
STREET ADDRESS **9595 COLLINS AVE. #909N**
CITY-ST-ZIP **SURFSIDE FL 33154**

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
CITY-ST-ZIP

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

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

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

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

Date

Daytime Phone #

JAN 26, 2004 786 344 1185