

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023179

Entity Name: 27 CORAL STATION, L.L.C.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

2200 S.W. 27TH AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2200 S.W. 27TH AVENUE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 55-0837447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARLADE, ALBERTO J
7050 SW 86 AVENUE
MIAMI, FL 33133 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: MGR () Delete
Name: SADOVNIK, ZAIRA D
Address: 2200 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: SADOVNIK, ABA
Address: 2200 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: MORA, FRANCISCO
Address: 81 SW 91 AVE APT-106
City-St-Zip: PLANTATION, FL 33024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCISCO MORA

MGR

05/01/2009

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