

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026943

1. Entity Name
77 ACRES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 20 AM 10:27

Principal Place of Business
2901 SW 8TH STREET, SUITE 204
MIAMI, FL 33135

Mailing Address
2901 SW 8TH STREET, SUITE 204
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

14160 PALMETTO FRONTAGE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 21

City & State

City & State

MIAMI LAKES, FL

Zip

Country

Zip

33016

Country

USA

08302005

Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0218850

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVENUE, SECOND FLOOR
CORAL GABLES, FL 33134

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

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOSCHETTI, JOSE R
2901 SW 8TH STREET, SUITE 204
MIAMI, FL 33135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOSCHETTI, JOSE R.
14160 PALMETTO FRONTAGE RD.
SUITE 21
MIAMI LAKES, FL 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700059766297
09/20/05--01009--001 ***50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 2005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305. 4617242