

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90015 037 ****50.00

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1. Entity Name

L.A. PROPERTIES, LLC

Principal Place of Business

510 OCEAN BLVD.
GOLDEN BEACH FL 33160

Mailing Address

510 OCEAN BLVD.
GOLDEN BEACH FL 33160

2. Principal Place of Business

16425 Collins Ave
#2916
Sunny Isles FL
33160

3. Mailing Address

Suite, Apt. #, etc.
City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-0137179

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY R ESQ.
297 SUNNY ISLES BLVD.
SUNNY ISLES BEACH FL 33160

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LANDAU, GREGORY
STREET ADDRESS 510 OCEAN BLVD.
CITY-ST-ZIP GOLDEN BEACH FL 33160

TITLE MGRM ☐ Delete
NAME LANDAU, TANYA
STREET ADDRESS 510 OCEAN BLVD.
CITY-ST-ZIP GOLDEN BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 16425 Collins Ave #2916
CITY-ST-ZIP Sunny Isles FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16425 Collins Ave #2916
CITY-ST-ZIP Sunny Isles FL 33160

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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 #