

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000028624

1. Entity Name

BSSS CROSS POINT, LLC

2525 Ponce De Leon Blvd. 5th Fl
Coral Gables FL 33134



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 24 AM 8:19

Principal Place of Business

36361 QP07EFIMP00PMAVISE
6U IQUES
DPSM POINT-0144245

Mailing Address

36361 QP07EFIMP00PMAVISE
6U IQUES
DPSM POINT-0144245



01052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0127316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO DRIVE, SUITE 125
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007

000086233650
01/25/07--01041--009 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SPRITZER, MICHAEL
STREET ADDRESS 2525 PONCE DE LEON BOULEVARD
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGRM
NAME SHECHTER, PHILIP
STREET ADDRESS 2525 PONCE DE LEON BOULEVARD
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/8/07

305-274-4600