

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90364 026 \*\*\*\*50.00

DOCUMENT # L03000030498

1. Entity Name

Q PROPERTIES LLC



Principal Place of Business

12555 BISCAYNE BOULEVARD  
782  
NORTH MIAMI FL 33181  
US

Mailing Address

12555 BISCAYNE BOULEVARD  
782  
NORTH MIAMI FL 33181  
US

2. Principal Place of Business - No P.O. Box #  
7610 NE 4TH COURT

3. Mailing Address  
7610 NE 4TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
20-0258325

Applied For  
Not Applicable

Zip 33138 Country MIAMI-DADE

Zip 33138 Country MIAMI-DADE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/06)



6. Name and Address of Current Registered Agent

MICHAEL GLINSKY & CO  
169 E. FLAGLER ST  
SUITE 1118-1620  
MIAMI FL 33131

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
MIZRAHI, OFER  
STREET ADDRESS  
12555 BISCAYNE BOULEVARD, SUITE 782  
CITY- ST- ZIP  
NORTH MIAMI FL 33181

☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
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CITY- ST- ZIP

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CITY- ST- ZIP

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

Date

Daytime Phone #

OFER MIZRAHI

5/15/07