

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90408 029 *****50.00

DOCUMENT # L03000035558

1. Entity Name

535 MIAMI, L.L.C.



Principal Place of Business

1301 NW 89TH COURT, STE. 219
MIAMI FL 33172

Mailing Address

1301 NW 89TH COURT, STE. 219
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1895918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOJNOVER, DIEGO
1301 NW 89TH COURT, STE. 219
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
GABRIEL TORRES

Street Address (P.O. Box Number is Not Acceptable)

1301 NW 89TH COURT, STE 219

City

MIAMI

FL

Zip Code

33172

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]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/26/04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	TORRES, GABRIEL E	
STREET ADDRESS	1301 NW 89TH COURT, STE. 219	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KOJNOVER, DIEGO	
STREET ADDRESS	1301 NW 89TH COURT, STE. 219	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PRABHAKAR, MAHAVEER P	
STREET ADDRESS	9595 COLLINS AVE., #909N	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

26, 2004

786 3441185