


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 010 ****50.00

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|---|---|--|---|--|---|
| DOCUMENT # L03000038419 | | | |  | |
| 1. Entity Name BENTLEY 618, LLC | | | | | |
| Principal Place of Business 10556 NW 26TH STREET D 101 DORAL, FL 33172 US | | | Mailing Address 10556 NW 26TH STREET D 101 DORAL, FL 33172 US | | |
| 2. Principal Place of Business 10544 NW 26 St. Suite, Apt. #, etc. E 202 City & State Doral, FL Zip 33172 Country U.S.A. | | 3. Mailing Address 10544 NW 26 St. Suite, Apt. #, etc. E 202 City & State Doral, FL Zip 33172 Country U.S.A. | |  | |
| 06082006 Chg-LLC CR2E083 (11/05) | | | | 4. FEI Number 90-0152045 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET C 201 DORAL, FL 33172 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCATTOLINI, MAURO MGR 10556 NW 26TH STREET - STE D 101 DORAL, FL 33172 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Scattolini, Mauro 10544 NW 26 St. - E 202 Doral, FL 33172 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCATTOLINI, CONSTANZA MGR 10556 NW 26TH STREET - STE D 101 DORAL, FL 33172 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Echeverria, Ricardo 10544 NW 26 St. - E 202 Doral, FL 33172 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | 08/03/06 (305) 594 1098 Date Daytime Phone # | | |

Mauro Scattolini