

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90053 012 ***138.75

DOCUMENT # L03000039351

1. Entity Name

EVAN SEIF PLC



Principal Place of Business

2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI FL 33134

Mailing Address

2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI FL 33134



2. Principal Place of Business - No P.O. Box #

18851 NE 29 Ave
Suite 405

3. Mailing Address

18851 NE 29 Ave
Suite 405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Aventura Fla

Aventura Fla

Zip 33180

Country

Zip 33180

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIF, EVAN
2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

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

18851 NE 29th Ave

Suite 405

City

Aventura

FL

Zip Code

33180

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 the current agent on file for previous.

(NOTE: Registered Agent signature required when resigning)

2/6/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SEIF, EVAN
STREET ADDRESS 2800 PONE DE LEON BLVD., STE 1125
CITY-ST-ZIP MIAMI FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 18851 NE 29th Avenue, Suite 405
CITY-ST-ZIP Aventura, Fla 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Manager

2/6/08

Date

305-935-0507

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