

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90015 001 ****50.00

DOCUMENT # L 03000039428

1. Entity Name

MIDTOWN APARTMENTS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1701 N.W. 15 AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

HAIA DALE FL.

Zip

33125

Country

DADE

Zip

33008

Country

BROWARD

4. FEI Number

33-1089149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **STELLA MORANO**

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

3500 MYSTIC PT. DR. #1006

City **AVENTURA**

FL

Zip Code

33180

**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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRES. / V.P. / TREAS. / SECY.**
NAME **STELLA MORANO**
STREET ADDRESS **3500 MYSTIC PT. DR. #1006**
CITY-ST-ZIP **AVENTURA, FL. 33180**

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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:

Stella Morano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/20/07
305-761-8801
305-785-6959
305-682-1934

Date

Daytime Phone #

ATTACHMENT

~~60051047~~
L03000039 428

Florida Dept. of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, Fl. 32314

7/25/07

Gentlemen:

This letter is written to advise I did not
receive a form for the annual report
renewal. Please waive late fee.

Sincerely,

Midtown Apts., LLC

Stella Morano

President

P.O. Box 7

Hallandale, Fl. 33008

tel. 305-761-8801

305-785-6959