

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90026 049 ***138.75

DOCUMENT # L03000039428

1. Entity Name

MIDTOWN APARTMENTS, LLC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1701 N. W. 15 Ave.

3. Mailing Address

P. O. Box 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

Miami, Fl.

City & State

Hallandale, Fl.

4. FEI Number

331089149

Applied For

Not Applicable

Zip

33125

Country

Dade

Zip

33008

Country

Broward

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
Stella Morano, Pres./V.P./Treas./
& Sec'y.
P. O. Box 7, Hallandale, Fl. 33008

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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:

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

Date

Daytime Phone #

cell 305-785-6959

4/23/08 305-682-1934