

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90061 018 *****50.00

DOCUMENT # L03000040714



1. Entity Name
**BRICKELL YACHT CLUB AT FOUR AMBASSADORS,
L.L.C.**

Principal Place of Business
**3052 S.W. 27TH AVE. #101
MIAMI, FL 33133**

Mailing Address
**3052 S.W. 27TH AVE. #101
MIAMI, FL 33133**

64038973



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**QUESADA, G. FRANK ESQ
1313 PONCE DE LEON BLVD., STE. 200
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Renzo Renzi

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

3052 SW 27th Ave #101

City

miami

FL

Zip Code

33133

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Renzo Renzi

4/26/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **D. Renzi, Renzo** ☐ Delete
STREET ADDRESS **3052 S.W. 27TH AVE. #101**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE
NAME **D. Renzi, Pasquale** ☐ Delete
STREET ADDRESS **3052 SW 27th Ave #101**
CITY-ST-ZIP **miami, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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

Renzo Renzi

4/26/04

3054468807

Date

Daytime Phone #