

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90014 046 ****55.00

DOCUMENT # L03000054388

1. Entity Name
DABDI & CO., LLC



Principal Place of Business
23705 S.W. 117 AVENUE
MIAMI, FL 33032

Mailing Address
23705 S.W. 117 AVENUE
MIAMI, FL 33032

20054404



2. Principal Place of Business
200 SOUTH BISCAYNE BLVD

3. Mailing Address
200 SOUTH BISCAYNE BLVD

Suite, Apt. #, etc.
6TH FLOOR

Suite, Apt. #, etc.
6TH FLOOR

04282005 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
20-0498100

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, LOURDES
26401 S.W. 107 AVENUE
HOMESTEAD, FL 33032

Name
GOLDSTEIN, TANEN & TRENCH, P.A.

Street Address (P.O. Box Number is Not Acceptable)
TWO SOUTH BISCAYNE BOULEVARD

SUITE 3700

City
MIAMI

FL

Zip Code
33131

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JEFF TANEN

4/28/05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DIAZ, DAISY B
2501 SOUTHWEST 62ND AVENUE
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
26401 S.W. 107 AVE.
HOMESTEAD, FL. 33032

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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

4/28/05

Date

305-258-8440

Daytime Phone #