

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # L04000000465

1. Entity Name

6832-34 SW 81ST STREET PROPERTY, LLC



Principal Place of Business

2555 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 33134

Mailing Address

2555 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 33134



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0547965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADMIRE, JACK G
2555 PONCE DE LEON BLVD, SUITE 320
CORAL GABLES, FL 33134

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000732232
01/23/08-80108-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SULLIVAN, JOHN C JR.
STREET ADDRESS	2555 PONCE DE LEON BLVD., SUITE 320
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	ADMIRE, JACK G
STREET ADDRESS	2555 PONCE DE LEON BLVD., SUITE 320
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	ADMIRE, RUTH S
STREET ADDRESS	2555 PONCE DE LEON BLVD., SUITE 320
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

1/21/08

Date

305-444-6121

Daytime Phone #