

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:23

DOCUMENT # L04000003852

1. Entity Name
301 SW 10TH AVENUE, LLC



Principal Place of Business

572 WEST 187TH ST
NEW YORK, NY 10033

Mailing Address

572 WEST 187TH ST
NEW YORK, NY 10033

DO NOT WRITE IN THIS SPACE

09112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0595012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADMIRE, ROBERT
2511 PONCE DE LEON BLVD, STE 320
CORAL GABLES, FL 33134

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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

Filing Fee is \$50.00
Due by September 15, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TUR, JOSE
STREET ADDRESS	572 WEST 187TH ST
CITY-ST-ZIP	NEW YORK, NY 10033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
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 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

9/12/06 (212) 569-5600
Date Daytime Phone #