

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90071 037 \*\*\*\*50.00

**DOCUMENT # L04000008897**



1. Entity Name  
LA VEREDITA LLC

Principal Place of Business  
1132 KANE CONCOURSE  
2ND FLOOR  
BAY HARBOR ISLAND, FL 33154

Mailing Address  
1132 KANE CONCOURSE  
2ND FLOOR  
BAY HARBOR ISLAND, FL 33154

20004664



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number 20-0677571

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MEMUN, ABRAHAM  
1132 KANE CONCOURSE  
2ND FLOOR  
BAY HARBOR ISLAND, FL 33154

Name  
Juan A. Figueroa, P.A., C.P.A.

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

1428 Brickell Avenue, Suite 206

City Miami FL Zip 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

☒ DATE 1/10/05

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 MGR  
NAME MEMUN, ABRAHAM  
STREET ADDRESS 1132 KANE CONCOURSE, 2ND FLOOR  
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154 ☐ Delete

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

TITLE MGRM  
NAME SALAME, SIMONE  
STREET ADDRESS 1132 KANE CONCOURSE, 2ND FLOOR  
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: ☒ ABRAHAM MEMUN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 01/25/05 DAYTIME PHONE 305 8651927