

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90162 012 ****50.00

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03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0917237** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L04000023415
1. Entity Name
PERMONT-DOLPHIN, LLC



Principal Place of Business
1150 NORTHWEST 72ND AVENUE
SUITE 500
MIAMI, FL 33126 US

Mailing Address
1150 NORTHWEST 72ND AVENUE
SUITE 500
MIAMI, FL 33126 US

2. Principal Place of Business
1150 NW 72 Ave
Suite, Apt. #, etc.
Suite 620

3. Mailing Address
1150 NW 72 Ave
Suite, Apt. #, etc.
Suite 620

City & State
Miami, FL

City & State
Miami, FL

Zip
33126

Country
US

Zip
33126

Country
US

6. Name and Address of Current Registered Agent
PEREZ, JOSEPH H
1150 NORTHWEST 72ND AVENUE
SUITE 500
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name **Perez, Joseph H**
Street Address (P.O. Box Number is Not Acceptable)
1150 NW 72nd Ave
Suite 620
City **Miami** FL Zip Code **33126**

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 **Joseph H. Perez** DATE **03/23/2005**

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 PERMONT DEVELOPMENT, LLC 1150 NORTHWEST 72ND AVENUE, SUITE 500 MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Permton Development, LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1150 NW 72 Ave, Ste. 620 Miami, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Joseph H. Perez** DATE **03/23/2005** DAYTIME PHONE # **305.994.9494**