

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90028 029 ****50.00

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1. Entity Name
EDEN JULIA, LLC



Principal Place of Business
18911 COLLINS AVENUE, APT. 1801
SUNNY ISLES, FL 33160

Mailing Address
145 E. 49TH ST.
HIALEAH, FL 33013



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1004191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACK, WILLIAM R ESQ
2691 E. OAKLAND PARK BLVD., STE. 402
FT. LAUDERDALE, FL 33306

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
LIDSKY, CARLOS TRUSTEE
STREET ADDRESS
18911 COLLINS AVENUE, APT. 1801
CITY-ST-ZIP
SUNNY ISLES, FL 33160

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/9/7 (305) 822-2100