

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000029425

1. Entity Name

NEW DAWN COOPER CITY, LLC



Principal Place of Business

2601 SOUTH BAYSHORE DRIVE, SUITE 200  
COCONUT GROVE, FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE, SUITE 200  
COCONUT GROVE, FL 33133

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**



07122008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

32-0115195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JACK  
2601 S BAYSHORE DR, #200  
COCONUT GROVE, FL 33133

**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**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME KAPLAN, JACK  
STREET ADDRESS 2601 S BAYSHORE DR, STE 200  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGR  
NAME AVILA, EDUARDO  
STREET ADDRESS 2601 S BAYSHORE DR, STE 200  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGR  
NAME COSTOYA, FRANK  
STREET ADDRESS 5400 UNIVERSITY DR, #103  
CITY-ST-ZIP DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/28/08-80003-025.138.75

**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:

*Jack Kaplan* manager 7-28-08