2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT #L04000036364



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

1. Entity Name 1843, LLC					01-12-2007 90032 018 ****50.00				
Principal Place of Business 21240 HARBOR WAY UNIT 282 AVENTURA, FL 33180		Mailing Address 21240 HARBOR WAY UNIT 282 AVENTURA, FL 33180			 	Pânh ândh Ebhl abhl dai	i fi ist iiils si	788 MIN 8 MIN 82	1881 W. ITO
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numbe 20-1128			_ 	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
MACH, KATALIN				Name					
21240 HARBOR WAY UNIT 282 AVENTURA, FL 33180				Street Address (P.O. Box Number is Not Acceptable)					
AVENTURA, FL 33180				City				Zip Cod	le
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. Lam familiar with and accept									
SIGNATURE LONG I'M MOCH									
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE									
Filing Fee is \$50.00 Due by May 1, 2007							e check pa Departme	ayable to ent of Stat	e
9.	MANAGING MEMBE	RS/MANAGERS	10.	-		ADDITIONS/	CHANGES		
TITLE NAME	MGR MACH, DAVID	☐ Delete	IMLE					☐ Change	Addition
STREET ADDRESS	21240 HARBOR WAY, APT. 282		NAME STREE	ET ADDRESS					
CITY-ST-ZIP				SI-ZIP					
TITLE	MGR	☐ Delete	IIILE					Change	Addition
NAME STREET ADDRESS	MACH, KATALIN 21240 HARBOR WAY, APT. 282		NAME						
CITY-ST-ZIP	AVENTURA, FL 33180			t address St-ztp					
TITLE		☐ Delete	TITLE	- 1		4 2		☐ Change	☐ Addition
NAME			NAME						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE		 .				
NAME			NAME	I				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				T ADDRESS					
TITLE		Delete	TITLE	ST-ZIP			 .	<u> </u>	
NAME		La Defeie	NAME	l l				☐ Change	☐ Addition
STREET ADDRESS			STREET	T ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
NAME		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS					ľ
CITY-S1-ZIP			CITY-S			<u></u>			
11. I hereby certify that the information supplied with this filting 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: JULY JOUR MOUNT MORE 1/0/07 305-932-7/44 SIGNATURE AND TYPED OR PRINTED NAME OF BIGHTING MANAGING MERIBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DETO DESCRIPTION PROPER DES									
		OFFICE MARKET MEMBER, MANAG	uer, OR A	WIHORIZED REPRESEN	ITATIVE	Dete	Des	vtrme Phone #	' /