

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**1 Mar 07, 2008 8:00 am
Secretary of State**

01-22-2008 90117 021 ***138.75

DOCUMENT # L04000038766

1. Entity Name

L.V. INVESTMENT ENTERPRISES, L.L.C.



Principal Place of Business

747 PONCE DE LEON BOULEVARD
SUITE 606
CORAL GABLES, FL 33134

Mailing Address

747 PONCE DE LEON BOULEVARD
SUITE 606
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-1156507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M.
4000 HOLLYWOOD BOULEVARD STE. 485-SOUTH
HOLLYWOOD, FL 33021

**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
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VERAS, LUIS S
STREET ADDRESS	747 PONCE DE LEON BOULEVARD STE. 403
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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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:

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

Date

Daytime Phone #

3/4/08