

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045660

1. Entity Name
MARINA BLUE 2411 LLC



Principal Place of Business
**10924 NORTHWEST 69 STREET
DORAL, FL 33178**

Mailing Address
**10924 NORTHWEST 69 STREET
DORAL, FL 33178**



03062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1879949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VECCHIO, RAFAEL
10924 NORTHWEST 69 STREET
DORAL, FL 33178**

**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)

**Filing Fee is \$50.00
Due by May 1, 2006**

04/08/06 00005-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SANCHEZ, NELSON J
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	DORAL, FL 33178
TITLE	MGRM
NAME	SANCHEZ, OLIMPIADES E
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	DORAL, FL 33178
TITLE	MGRM
NAME	VECCHIO, RAFAEL J
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	DORAL, FL 33178
TITLE	MGRM
NAME	SANCHEZ, NELSON M
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	DORAL, FL 33178
TITLE	MGRM
NAME	SANCHEZ, MIGUEL A
STREET ADDRESS	10924 NORTHWEST 69 STREET
CITY-ST-ZIP	DORAL, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

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

3/19/06

Date

305-591-5666

Daytime Phone #