

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 031 ****50.00

DOCUMENT # L04000050154

1. Entity Name
SUPERLAND GROUP, L.L.C.



Principal Place of Business
**16300 NE 19TH AVENUE, SUITE 109
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**16300 NE 19TH AVENUE, SUITE 109
NORTH MIAMI BEACH, FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1333464

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUZMAN & GUZMAN, P.A.
9130 S. DADELAND BLVD., SUITE 1504
MIAMI, FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHVARTZMAN, HUGO JACOBO
8855 COLLINS AVENUE FLOOR 7 APT. G
MIAMI BEACH, FL 33154** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHVARZTMAN, HECTOR DARIO
16900 NORTH BAY ROAD, APT. #1402
SUNNY ISLES, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Hector Schwartzman* **HECTOR SCHVARTZMAN, MGRM.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/26/05 786-399-9812
Date Daytime Phone #