

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90033 001 ****50.00

DOCUMENT # L04000052555

1. Entity Name
DANIA SHOPPING PLAZA, LLC



14002050



04202005 Chg-LLC CR2E083 (10/03)

Principal Place of Business
**18151 N.E. 31ST COURT, SUITE 1117
AVENTURA, FL 33160**

Mailing Address
**18151 N.E. 31ST COURT, SUITE 1117
AVENTURA, FL 33160**

2. Principal Place of Business
4740 N 31ST CT
Suite, Apt. #, etc.

3. Mailing Address
4740 N 31ST CT
Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL
Zip **33021** Country

City & State
HOLLYWOOD, FL
Zip **33021** Country

4. FEI Number
20-1414199
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BENO, SHLOMO
~~18151 N.E. 31ST COURT, SUITE 1117~~ **4740 N. 31ST CT**
~~AVENTURA, FL 33160~~ **HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent
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 _____ (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	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENO, SHLOMO		NAME		
STREET ADDRESS	18151 N.E. 31ST COURT, SUITE 1117		STREET ADDRESS	4740 N. 31ST CT	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YALAZ, MEIR		NAME		
STREET ADDRESS	6311 S.W. 130TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33330		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **4-25-05 7862900860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #