

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90005 006 \*\*\*138.75

**DOCUMENT # L04000053958**

1. Entity Name  
GREYNOLDS APTS, LLC



Principal Place of Business

3085 NORTH BAY HOMES DRIVE  
MIAMI, FL 33133

Mailing Address

3346 MCDONALD ST  
MIAMI, FL 33133

3346 MCDONALD ST

MIAMI FL 33137

**DO NOT WRITE IN THIS SPACE**



03272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
56-2472680

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPETKO, MICHAEL  
3085 NORTH BAY HOMES DRIVE  
MIAMI, FL 33133

10300 SW 60 PLATE  
MIAMI FL 33156

**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	MGRM
NAME	ALVAREZ, SANTIAGO
STREET ADDRESS	3685 NORTH BAY HOMES DRIVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGRM
NAME	SPETKO, MICHAEL
STREET ADDRESS	3685 NORTH BAY HOMES DRIVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

3/31/08 305  
448-9329