FILED Apr 09, 2007 8:00 am Secretary of State 03-16-2007 90155 033 ****50.00

2007 LIMITED LIABILITY COMPANY

MAME STRET ADDRESS CITY-ST-ZIP TITLE MAME STRET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # L04000056 THE BEACH VILC	6628				07 90133 033 ***	30.00
Suite, Apr. P. etc. Suite Apr. P. etc. S	5860 PINETE	REE DRIVE	5860 PINETREE DRIVI					
Suite, Apr. F, etc. Suite, Apr. F, etc. Suite, Apr. F, etc. C2272007 Chg-LLC CR2E083 (12/06) Cry & Suite	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	1025kde				
Debte Debt	Suite, Apt.	#, etc.				Chg-LLC	CR2E083 (12/06)	
E. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above time of the purpose of changing its registered office or registered agent, or both, in the State of Fiolds. I am familiar with, and acceptable of registered agent, or both, in the State of Fiolds. I am familiar with, and acceptable or registered agent, or both, in the State of Fiolds. I am familiar with, and acceptable or registered agent, or both, in the State of Fiolds. I am familiar with, and acceptable or registered agent, or both, in the State of Fiolds. I am familiar with, and acceptable or registered agent, or both, in the State of Fiolds. I am familiar with, and acceptable or registered agent, or both, in the State of Fiolds. I am familiar with, and acceptable or registered agent, or both, in the State of Fiolds. I am familiar with, and acceptable to Provide Department of States SIGNATURE Plining Fee to \$80.00 more familiar with a familiar with a familiar with and acceptable to Provide Department of States Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of States Many Agont Make Check payable to Provide Department of Make Check payable to Provide Department of States	City & State	•						
RARCIA CARLOS 5860 PINETREE DRIVE MIAMI BEACH, FL 33110 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 according to the colligations of registered agent. SIGNATURE REPAIR SECOND FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Due by IRay 1, 2007 FIVING Fee is \$50,00 Make check payable to Florida Department of State FIVING Fee is \$50,00 Make check payable to Florida Department of State FIVING ARCIA, CARLOS & YASMIN, AS TEN. BY ENT. SIRET ADDRESS CITY-51-2P TITLE MAKE MAKE SIRET ADDRESS CITY-51-2P TITLE MAKE S	Zip	Country	33140	Dade	5. Certificat	te of Status Desired	□ \$5.00 Ad	ditional
Street Address (P.O. Box Number is Not Acceptable) City FL Zig Code		6. Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New	Registered Agent	
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to the college of the coll	5860 PINE	TREE DRIVE	Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
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 according to the obligations of registered agent. Filling Fee is \$50.00 Make check payable to Priorida Department of State Filling Fee is \$50.00 Make check payable to Priorida Department of State Filling Fee is \$50.00 Make check payable to Priorida Department of State Filling Fee is \$50.00 Make check payable to Priorida Department of State Filling Fee is \$50.00 Make check payable to Priorida Department of State Filling Fee is \$50.00 Make check payable to Priorida Department of State Filling Fee is \$50.00 Make check payable to Priorida Department of State Filling Fee is \$50.00 Make check payable to Priorida Department of State Garcia, CARICA, SASSMIN, AS TEN, BY ENT. SMETH ADDRESS SMET		,. 2		City			Zip Cod	10
P. MANAGING MEMBERS / MANAGERS TITLE MAGR GARCIA, CARLOS & YASMIN, AS TEN, BY ENT. STRET ADDRESS SRED PINETTREE DRIVE MIAMI BEACH, FL 33110 Delde TITLE MAGR GARCIA, JOSE M. & ISABELL, AS TEN, BY ENT. STRET ADDRESS CITY-51-2P MIAMI BEACH, FL 33140 Delde TITLE MAME STRET ADDRESS CITY-51-2P TITLE TI	the obligat	ions of registered agent. Signature, typad or primed name of registered agen			_		DATE	and accept
TITLE MARE GARCIA, CARLOS & YASMIN, AS TEN. BY ENT. SIRET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33110 TITLE MARE GARCIA, JOSE M. & ISABEL, AS TEN. BY ENT. SIRET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33140 TITLE MARE GARCIA, JOSE M. & ISABEL, AS TEN. BY ENT. SIRET ADDRESS CITY-ST-2P MIAMI BEACH, FL 33140 TITLE MARE SIRET ADDRESS CITY-ST-2P TITLE	Di	ue by May 1, 2007						Đ
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing close not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and apcurate and thermy 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 emproved to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS		☐ Delate	NAME Street Adoress	,		☐ Change	Addition
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