

FILED
Mar 23, 2006 8:00 am
Secretary of State

DOCUMENT # L04000064820

Mailing Address
2645 N.E. 207TH STREET
NO. MIAMI BEACH, FL 33180 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

02142006 Chq-LLC CR2E083 (11/05)

4. FEI Number
32-0126809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, JENNIFER
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180

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, 2006**

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

9.	MANAGING MEMBERS/MANAGERS
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TITLE	MGR	<input type="checkbox"/> Delete
NAME	SAWICKI, DANIEL	
STREET ADDRESS	2645 N.E. 207TH STREET	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	AVAKIAN, DANIEL	
STREET ADDRESS	2645 N.E. 207TH STREET	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MITRANI, ELIAS	
STREET ADDRESS	2645 N.E. 207TH STREET	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10.	ADDITIONS/CHANGES
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____