

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90119 021 \*\*\*138.75

DOCUMENT # L04000065493

1. Entity Name  
DOWNTOWN SHOPS, LLC



Principal Place of Business  
16375 NE 18 AVENUE  
SUITE 322  
NORTH MIAMI BEACH, FL 33162

Mailing Address  
19333 COLLINS AVESTE 406  
SUNNY ISLES BEACH, FL 33160

60002706



2. Principal Place of Business - No P.O. Box #  
19390 COLLINS AVE  
Suite, Apt. #, etc.  
# 525 A  
City & State  
SUNNY ISLES, FL  
Zip  
33160  
Country  
USA

3. Mailing Address  
19390 COLLINS AVE  
Suite, Apt. #, etc.  
# 525 A, 33160  
City & State  
SUNNY ISLES, FL  
Zip  
33160  
Country  
USA

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1721575  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SAFDIE, JOSE  
19333 COLLINS AVE STE 406  
SUNNY ISLES, FL 33160

## 7. Name and Address of New Registered Agent

Name  
SAFDIE, JOSE  
Street Address (P.O. Box Number is Not Acceptable)  
19390 COLLINS AVE # 525 A  
City  
SUNNY ISLES FL  
Zip Code  
33160

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  
1/17/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFDIE, JOSE 16375 NE 18 AVENUE; SUITE 304 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFDIE, JOSE 19390 COLLINS AVE # 525 A (33160) SUNNY ISLES, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #