

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90280 011 ****55.00

DOCUMENT # L04000066860

1. Entity Name
2348 LLC



Principal Place of Business
**520 HARBOR DRIVE
MIAMI, FL 33149 US**

Mailing Address
**P.O. BOX 14-1933
CORAL GABLES, FL 33114 US**

20007990



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
84-1660842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARRAZANA, ENRIQUE A
520 HARBOR DRIVE
KEY BISCAVNE, FL 33149**

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 **ENRIQUE A. CARRAZANA**

JANUARY 25, 2005.-

**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** ☐ Delete
NAME **CARRAZANA, ALICIA M**
STREET ADDRESS **520 HARBOR DRIVE**
CITY-ST-ZIP **KEY BISCAVNE, FL 33149**

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

TITLE **MGRM** ☐ Delete
NAME **CARRAZANA, ENRIQUE A**
STREET ADDRESS **520 HARBOR DRIVE**
CITY-ST-ZIP **KEY BISCAVNE, FL 33149**

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

TITLE **MGR** ☐ Delete
NAME **CARRAZANA, ENRIQUE J**
STREET ADDRESS **520 HARBOR DRIVE**
CITY-ST-ZIP **KEY BISCAVNE, FL 33149**

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

TITLE **MGR** ☐ Delete
NAME **CARRAZANA, MARIA D**
STREET ADDRESS **520 HARBOR DRIVE**
CITY-ST-ZIP **KEY BISCAVNE, FL 33149**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

2348 LLC
SIGNATURE: ALICIA M. CARRAZANA, MGRM

JANUARY 24, 2005.- (305) 361-2645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #