

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90099 031 ****50.00

DOCUMENT # L04000071996

1. Entity Name

A & Y REALTY SERVICES, LLC



Principal Place of Business

ATTN: ALFREDO L. GONZALEZ
2601 S. BAYSHORE DRIVE, SUITE 1600
MIAMI FL 33133

Mailing Address

ATTN: ALFREDO L. GONZALEZ
2601 S. BAYSHORE DRIVE, SUITE 1600
MIAMI FL 33133

20011520



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

2525 Ponce de Leon Blvd.

3. Mailing Address

2525 Ponce de Leon Blvd.

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

20-2122008

Applied For

Not Applicable

Zip
33134

Country

Zip
33134

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAS, CARLOS A ESQ
2601 S. BAYSHORE DRIVE, SUITE 1600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2525 Ponce De Leon Blvd.

Suite 400

City

Coral Gables

FL

Zip Code
33134

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

Carlos A. Mas, Esq.

2/11/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GONZALEZ, ALFREDO L**
STREET ADDRESS **2525 PONCE DE LEON BOULEVARD, SUITE 400**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

SIGNATURE

Alfredo L. Gonzalez

2/11/05 (305) 460-1069

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

Date

Daytime Phone #