

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000076197

1. Entity Name
EMPIRE WORLD TOWERS, LLC



FILED

08 DEC 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
429 LENOX AVENUE
MIAMI BEACH, FL 33139

Mailing Address
429 LENOX AVENUE
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12172008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-2691656

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SHEAR, DAVID
201 ALHAMBRA CIRCLE STE. 601
CORAL GABLES, FL 33134

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 renouncing)

DATE

Amended AR is \$50.00

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☒ Delete
NAME COHEN, LEON
STREET ADDRESS 429 LENOX AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE MGR ☒ Change ☐ Addition
NAME Ana Perez
STREET ADDRESS 429 LENOX AVE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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 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

12/19/08 305-537-3700
Date Daytime Phone #