

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90071 043 ****50.00

DOCUMENT # L04000080708

1. Entity Name
LA VEREDITA VII, LLC



Principal Place of Business
1132 KANE CONCOURSE, LEVEL TWO
BAY HARBOR ISLAND, FL 33154

Mailing Address
1132 KANE CONCOURSE, LEVEL TWO
BAY HARBOR ISLAND, FL 33154

20004658



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1977936

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

BALOYRA, JOSE L
2950 SW 27TH AVENUE, SUITE 300
MIAMI, FL 33133

Name
Juan A. Figueroa, P.A., C.P.A.
Street Address (P.O. Box Number is Not Acceptable)

1428 Brickell Avenue, Suite 206

City Miami FL Zip 33131

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)

☒ 1/10/05 DATE

**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 MGR ☐ Delete
NAME MEMUN, ABRAHAM
STREET ADDRESS 1132 KANE CONCOURSE, LEVEL TWO
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

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

TITLE MGR ☐ Delete
NAME SALAME, SIMON
STREET ADDRESS 1132 KANE CONCOURSE, LEVEL TWO
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: ☒
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☒ 01/25/05 ☒ 305 865 1929
Date Daytime Phone #