

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90092 025 \*\*\*\*50.00

**DOCUMENT # L04000080835**

1. Entity Name  
REED SAVAGE ASSOCIATES OF FLORIDA, L.L.C.



Principal Place of Business  
3350 S.W. 27TH AVE., UNIT 901  
MIAMI, FL 33133

Mailing Address  
3350 S.W. 27TH AVE., UNIT 901  
MIAMI, FL 33133

20065826



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1867000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

OTERO, JORGE E  
75 VALENCIA AVENUE, 2ND FLOOR  
OTERO & ASSOCIATES, P.A.  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

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 reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SAVAGE, LAWRENCE  
STREET ADDRESS 3350 S.W. 27TH AVE., UNIT 901  
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGRM ☐ Delete  
NAME REED, CYNTHIA P  
STREET ADDRESS 3350 S.W. 27TH AVE., UNIT 901  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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

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

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:**

*Cynthia P. Reed*

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

Date

Daytime Phone #