

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90058 028 ***138.75

DOCUMENT # L04000085640

1. Entity Name
WATERMEN AT BONITA, LLC



Principal Place of Business

**8045 NW 155 STREET
MIAMI LAKES, FL 33016**

Mailing Address

**8045 NW 155 STREET
MIAMI LAKES, FL 33016**

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

265 Sevilla Ave

Suite, Apt. #, etc.

3. Mailing Address

265 Sevilla Ave

Suite, Apt. #, etc.

City & State

Coconut Gables, FL 33134

City & State

Coconut Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

02202008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-1935331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, EDDY
8045 NW 155 STREET
MIAMI LAKES, FL 33016**

7. Name and Address of New Registered Agent

Name

Garcia Eddy

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

265 Sevilla Ave

City

Coconut 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GARCIA, EDDY**
STREET ADDRESS **8045 NORTHWEST 155 STREET**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **MGR** ☐ Delete
NAME **KRAIZGRUN, DAVID**
STREET ADDRESS **8045 NORTHWEST 155 STREET**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

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 **MGR** ☒ Change ☐ Addition
NAME **Garcia, Eddy**
STREET ADDRESS **265 SEVILLA AVE**
CITY-ST-ZIP **Coconut Gables, FL 33134**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Kraizgrun, David**
STREET ADDRESS **265 Sevilla Ave**
CITY-ST-ZIP **Coconut Gables, FL 33134**

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 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

Date

Daytime Phone #

manager 4/20/08 305-448-9442