

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000086315

1. Entity Name
BOCA ONE LLC.



Principal Place of Business
1901 N.E 197 TERRACE
MIAMI, FL 33179

Mailing Address
1901 N.E 197 TERRACE
MIAMI, FL 33179



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2490610

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSOY, IGOR
3101 N.COUNTRY CLUB RRIVE
#704
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 retesting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LITVINOV, BORIS
STREET ADDRESS	1901 N.E.197 TERRACE
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	MGR
NAME	RAGBEER, CARY
STREET ADDRESS	4820 S.W.196 LANE
CITY-ST-ZIP	SOUTH WEST RANCHES, FL 33332
TITLE	MGR
NAME	KOSAYA, ALLA
STREET ADDRESS	1901 N.E. 197 TERRACE
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	MGR
NAME	TANYA, RAGBEER
STREET ADDRESS	4820 S.W.196 LANE
CITY-ST-ZIP	SOUTH WEST RANCHES, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000614135
02/06/07-80013-013 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/22/07 305 932-8736