

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 MAR 12 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|                                 |  |
|---------------------------------|--|
| DOCUMENT # L04000086315         |  |
| 1. Entity Name<br>BOCA ONE LLC. |  |



|   |   |
|---|---|
| Principal Place of Business<br>1901 N.E. 197 TERRACE<br>MIAMI, FL 33179 | Mailing Address<br>1901 N.E. 197 TERRACE<br>MIAMI, FL 33179 |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



02222008 Chg-LLC CR2E083 (12/06)

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                        |  | 7. Name and Address of New Registered Agent                        |  |
| KOSOY, IGOR<br>3101 N.COUNTRY CLUB RRIVE<br>#704<br>AVENTURA, FL 33180 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$50.00

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>LITVINOV, BORIS<br>1901 N.E. 197 TERRACE<br>MIAMI, FL 33179 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>500121224745<br>03/25/08--01042--016 **50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>RAGBEER, CARY<br>4820 S.W. 196 LANE<br>SOUTH WEST RANCHES, FL 33332 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>KOSAYA, ALLA<br>1901 N.E. 197 TERRACE<br>MIAMI, FL 33179 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>TANYA, RAGBEER<br>4820 S.W. 196 LANE<br>SOUTH WEST RANCHES, FL 33332 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 #

2/20/08

305 932-8736