

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90132 029 ****50.00

DOCUMENT # L04000087547

1. Entity Name

7453 UNIVERSAL BOULEVARD, LLC



Principal Place of Business

14341 GLENCAIRN ROAD
MIAMI LAKES FL 30016

Mailing Address

14341 GLENCAIRN ROAD
MIAMI LAKES FL 30016

2. Principal Place of Business

6428 EAST MIAMI LAKES DRIVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

City & State

MIAMI LAKES FL

Zip

33014

Country

DARC

Zip

33016

Country

USA

4. FEI Number

202035140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUIRRE, CAMILO B
14341 GLENCAIRN ROAD
MIAMI LAKES FL 30016

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

5/14/05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGER
NAME: CONDORETTA DEV. GROUP ONE LLC
STREET ADDRESS: 6428 E. MIAMI LAKES DR.
CITY-ST-ZIP: MIAMI LAKES, FL 33014

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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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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

Date

Daytime Phone #

5/14/05

305-826-3353