


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90275 034 \*\*\*\*50.00

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>DOCUMENT # L05000001869</b><br>1. Entity Name<br><b>ARTECH 1023 LLC</b>  |                                    |   |   |
| Principal Place of Business<br>433 LINCOLN ROAD<br>MIAMI BEACH, FL 33139  |                                    | Mailing Address<br>433 LINCOLN ROAD<br>MIAMI BEACH, FL 33139   |   |
| 2. Principal Place of Business - No P.O. Box #  |                                    | 3. Mailing Address   |   |
| Suite, Apt. #, etc.<br><b>3610 N. 55th Ave</b>  |                                    | Suite, Apt. #, etc.<br><b>3610 N. 55th Ave</b>   |   |
| City & State<br><b>Hollywood FL</b>   |                                    | City & State<br><b>Hollywood FL</b>  |   |
| Zip<br><b>33021</b>   |                                    | Zip<br><b>33021</b>  |   |
| Country<br><b>USA</b>   |                                    | Country<br><b>USA</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>POLIKAR, MICHEL</b><br><b>433 LINCOLN ROAD</b><br><b>MIAMI BEACH, FL 33139</b>  |                                    | 7. Name and Address of New Registered Agent<br>Name <b>Michel Polikar</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3610 N. 55th Ave</b><br>City <b>Hollywood</b> FL Zip Code <b>33021</b> |   |
| 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.<br>SIGNATURE <b>Michel Polikar</b> (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                    |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |                                    | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                    | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE   | P <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | POLIKAR, MICHEL                    | NAME   |   |
| STREET ADDRESS  | 3610 N. 55TH AVE                   | STREET ADDRESS   |   |
| CITY-ST-ZIP   | HOLLYWOOD, FL 33021                | CITY-ST-ZIP  |   |
| TITLE   | VP <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | POLIKAR, NIVA                      | NAME   |   |
| STREET ADDRESS  | 3610 N. 55TH AVE                   | STREET ADDRESS   |   |
| CITY-ST-ZIP   | HOLLYWOOD, FL 33021                | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | NAME   |   |
| STREET ADDRESS  |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | NAME   |   |
| STREET ADDRESS  |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | NAME   |   |
| STREET ADDRESS  |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                    | 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.<br><b>SIGNATURE: Michel Polikar</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                                    |  |   |
|   |                                    | Date   | Daytime Phone #   |

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4. FEI Number 20-2121599 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required