

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90368 012 ****50.00

DOCUMENT # L05000003179

1. Entity Name
3206 LAS OLAS RIVERHOUSE, LLC



Principal Place of Business
1314 EAST LOAST OLAS BLVD. #285
FT. LAUDERDALE, FL 33301

Mailing Address
1314 EAST LOAST OLAS BLVD. #285
FT. LAUDERDALE, FL 33301

20047429



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

202144145

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARBATI, MARIA CLARA
1201 SOUTH POWERLINE ROAD
PMB 325
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name **ARAZOZA FERNANDA FRAJA P.A.**

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

2100 Salzedo St Suite 300

City **Coral 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)

6/12/06

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME POWERLING DEVELOPMENTS LLC ☐ Delete
STREET ADDRESS 1201 SOUTH POWERLINE ROAD, PMB 325
CITY-ST-ZIP POMPAO BEACH, FL 33069

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME **Powerling Developments, LLC**
STREET ADDRESS **1314 E Las Olas Blvd # 285**
CITY-ST-ZIP **Ft. Lauderdale FL 33301**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

06/07/06 954 6533123

Date

Daytime Phone #