

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000005335

1. Entity Name

MIAMI CITY LINE LLC



Principal Place of Business

111 NE 1 STREET
9TH FLOOR
MIAMI FL 33132

Mailing Address

111 NE 1 STREET
9TH FLOOR
MIAMI FL 33132

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

913

3. Mailing Address

Suite, Apt. #, etc.

111 NE 1st St.

City & State

MIAMI - FL

City & State

Zip

33132

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

76-0760988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEURRENS, GUY
111 NE 1 STREET
9TH FLOOR
MIAMI FL 33132

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 date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: MEURRENS, GUY
STREET ADDRESS: 111 NE 1 STREET 9TH FLOOR
CITY-ST-ZIP: MIAMI FL 33132

TITLE: MGR ☐ Delete
NAME: MEURRENS, EDIT
STREET ADDRESS: 111 NE 1 STREET 9TH FLOOR
CITY-ST-ZIP: MIAMI FL 33132

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: 000000647848
03/06/07-80098-015 55.00

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #