

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90005 009 \*\*\*138.75

**DOCUMENT # L05000018729**

1. Entity Name  
**MIAMI GARDENS SHOPPING CENTER, L.L.C.**



Principal Place of Business

**SUITE 118  
2627 NE 203RD ST.  
AVENTURA, FL 33180 US**

Mailing Address

**SUITE 118  
2627 NE 203RD ST.  
AVENTURA, FL 33180 US**

60033334



02182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-2411360**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FAITH, KEVIN  
1933 TIGERTAIL BOULEVARD  
DANIA BEACH, FL 33004**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FAITH, KEVIN 2627 NE 203RD ST.
STREET ADDRESS	20485 E. COUNTRY CLUB DR. #2004
CITY-ST-ZIP	AVENTURA, FL 33180 #118
TITLE	MGRM
NAME	SUAKIB-PANAH, JACOB
STREET ADDRESS	7275 N. MERIDIAN AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Handwritten Signature]*

4/17/08 305-682-4991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #