

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000022658

1. Entity Name
3121 PONCE, LLC



Principal Place of Business
3109 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146

Mailing Address
3109 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2463982

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G ESQ
218 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HUTTOE, JACQUELINE
STREET ADDRESS 3109 PONCE DE LEON BOULEVARD
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE MGR
NAME DAHNE, PATRICIA
STREET ADDRESS 3109 PONCE DE LEON BOULEVARD
CITY-ST-ZIP CORAL GABLES, FL 33146

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05/15/07-80143-016 50.00

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, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____