

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90231 004 ****50.00

DOCUMENT # L05000025403

1. Entity Name
WHITE LOTUS ENTERPRISES, LLC



Principal Place of Business
P.O. BOX 2668
HALLANDALE BEACH, FL 33008

Mailing Address
P.O. BOX 2668
HALLANDALE BEACH, FL 33008

60032928

2. Principal Place of Business - No P.O. Box #
PO Box 140786
Suite, Apt. #, etc.

3. Mailing Address
PO Box 140786
Suite, Apt. #, etc.

04012007 Chg-LLC CR2E083 (12/06)

City & State
CORAL GABLES, FL
Zip
33134
Country

City & State
CORAL GABLES, FL
Zip
33134
Country

4. FEI Number
14-1925924
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TENENHOLTZ, JOHN S
1401 BRICKELL AVENUE, SUITE 825
MIAMI, FL 33131

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
FILIPPONE, KRISTINA L
STREET ADDRESS
P.O. BOX 2668
CITY-ST-ZIP
HALLANDALE BEACH, FL 33008 ☐ Delete

TITLE
NAME
MGRM
VIDA NOVA, LLC
STREET ADDRESS
P.O. BOX 2668
CITY-ST-ZIP
HALLANDALE BEACH, FL 33008 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
PO Box 141286
Coral Gables, FL 33114

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

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

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

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

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

Date

Daytime Phone #