

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000025991

1. Entity Name
3667 CHARLES, LLC



Principal Place of Business

2665 S. BAYSHORE DRIVE
SUITE #609
COCONUT GROVE, FL 33133

Mailing Address

2665 S. BAYSHORE DRIVE
SUITE #609
COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE

FILED
Jun 20, 2008 08:00 AM
Secretary of State



05142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
05-0619076

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAHRI, FADI A
2665 S. BAYSHORE DRIVE
SUITE #609
COCONUT GROVE, FL 33133

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BAHRI, FADI A
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE #609
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGRM
NAME KASHLAN, CHAHER
STREET ADDRESS 1541 BRICKELL AVE APT A3202
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953267
06/20/08-80001-002 138.75

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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: _____

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

Date

Daytime Phone #

6/12/08 305
860-8996