

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026227

1. Entity Name
3809 PONCE DE LEON, LLC



FILED
Mar 23, 2007 08:00 A
Secretary of State

Principal Place of Business
2 GROVE ISLE DR., #1508
COCONUT GROVE, FL 33133

Mailing Address
2 GROVE ISLE DR., #1508
COCONUT GROVE, FL 33133



03202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2658073

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINTZ, LAWRENCE
2 GROVE ISLE DRIVE
#1508
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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MINTZ, LAWRENCE
2 GROVE ISLE DRIVE #1508
COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CAMPBELL, MELISSA
2 GROVE ISLE DRIVE #1508
COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FAMILY PROPERTIES PARTNERSHIP
2 GROVE ISLE DRIVE #1508
COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000676428
03/30/07-80058-016 50.00

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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 Melissa Campbell MELISSA CAMPBELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/20/07 3055798888
Date Daytime Phone #