

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90138 007 ****50.00

DOCUMENT # L05000028048

1. Entity Name
CATHEDRAL L.L.C.



00000110

Principal Place of Business
1800 SW 9 ST
FORT LAUDERDALE, FL 33312

Mailing Address
1800 SW 9 ST
FORT LAUDERDALE, FL 33312

2. Principal Place of Business, No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007 Chg-LLC CR2E083 (12/06)

4. FEI Number
86-1133459

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAVIJO, MIGUEL A SR
1800 SW 9 ST
FORT LAUDERDALE, FL 33312

Name
Clavijo, Miguel A.

Street Address (P.O. Box Number is Not Acceptable)

1800 SW 9 ST

City
Fort Lauderdale

FL Zip Code
33312

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

1/12/07

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
CLAVIJO, MIGUEL A SR
1800 SW 9 ST
FORT LAUDERDALE, FL 33312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Clavijo, Miguel A.
1800 SW 9 ST
Fort Lauderdale, FL 33312

☒ Change ☐ Addition

TITLE
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☐ 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 #

1/12/07