

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90304 043 ***138.75

DOCUMENT # L05000028048

1. Entity Name
CATHEDRAL L.L.C.



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 #

1800 SW 9 ST

3. Mailing Address

1800 SW 9 ST

Suite, Apt. #, etc.

Unit # E

Suite, Apt. #, etc.

Unit # E

04172008 Chg-LLC CR2E083 (12/06)

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

86-1133459

Applied For

Not Applicable

Zip

33312

Country

Broward

Zip

33312

Country

Broward

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Miguel A. Clavijo

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

1800 SW 9 ST, Unit # E

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]

(NOTE: Registered Agent signature required when reinstating)

4/17/06

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLAVIJO, MIGUEL A
1800 SW 9 ST
FORT LAUDERDALE, FL 33312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLAVIJO, MIGUEL A
1800 SW 9 ST, Unit # E
Fort Lauderdale, FL 33312** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

TITLE
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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]*

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

4/17/06

Date

954-610-0502

Daytime Phone #