

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000029753

1. Entity Name

FLORIDA ATLANTIC SECURITIES INVESTMENTS, LLC



Principal Place of Business

TWO DATRAN CENTER
9130 S DADELAND BLVD STE 1704
MIAMI FL 33156

Mailing Address

TWO DATRAN CENTER
9130 S DADELAND BLVD STE 1704
MIAMI FL 33156



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

2nd MOORE

CR2E083 (4/08)

4. FEI Number 52-2455117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JOSE R
TWO DATRAN CENTER
9130 SOUTH DADELAND BOULEVARD, SUITE 1704
MIAMI FL 33156

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

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME PAREIRA, ALAN S
STREET ADDRESS 9130 SOUTH DADELAND BLVD., SUITE 1704
CITY-ST-ZIP MIAMI FL 33156

TITLE MGR ☐ Delete
NAME FERNANDEZ, JOSE R
STREET ADDRESS 9130 SOUTH DADELAND BLVD., SUITE 1704
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000952297
CITY-ST-ZIP 06/04/08-80073-011 538.75

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

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

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CITY-ST-ZIP

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

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

JOSE R. FERNANDEZ 5/20/08 305-670-9250

Date

Daytime Phone #