

**2608 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000032641**

1. Entity Name  
**PURA VIDA REAL ESTATE LLC**



Principal Place of Business

**2 SOUTH BISCAYNE BOULEVARD, 21ST FLOOR  
MIAMI, FL 33131**

Mailing Address

**8918 ABBOTT AVENUE  
SURFSIDE, FL 33154**



03072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEVISON, BRENT A  
8918 ABBOTT AVENUE  
SURFSIDE, FL 33154**

**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**  
**After May 1, 2008 Fee will be \$538.75**

U000000356094  
03/27/08-80079-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEVISON, BRENT A
STREET ADDRESS	8918 ABBOTT AVENUE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	MGRM
NAME	ZUCKER INC
STREET ADDRESS	1420 QUEEN ANNE ROAD
CITY-ST-ZIP	TEANECK, NJ 07666
TITLE	MGRM
NAME	SHIFMAN, OFFY
STREET ADDRESS	P.O. BOX 414201
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** x

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

Date

Daytime Phone #