

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060026

Entity Name: JULY 14, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

3401 NE 170TH STREET
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

6995 GLENEAGLE DRIVE
MIAMI LAKES, FL 33014

Current Mailing Address:

3401 NE 170TH STREET
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

6995 GLENEAGLE DRIVE
MIAMI LAKES, FL 33014

FEI Number: 20-5679724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOENIGSBERG, JAY
1200 BRICKELL AVENUE
SUITE 1900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRS () Delete
Name: LASSETER, KATHY
Address: 3401 NE 170 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: DR () Delete
Name: LASSETER, KENNETH C
Address: 3401 NE 170 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: LASSETER, KATHY
Address: 6995 GLENEAGLE DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: DR (X) Change () Addition
Name: LASSETER, KENNETH C
Address: 6995 GLENEAGLE DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH C. LASSETER

MGR

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date