


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90005 005 ***138.75

DOCUMENT # L05000060443	
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1. Entity Name
AVENTURA CENTER, L.L.C.

Principal Place of Business
SUITE 118
2627 NE 203RD ST.
AVENTURA, FL 33180

Mailing Address
SUITE 118
2627 NE 203RD ST.
AVENTURA, FL 33180

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



02182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3007238

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

SEGAL, WILLIAM J.
20801 BISCAYNE BLVD., SUITE 304
AVENTURA, FL 33180-1422

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FAITH, KEVIN ☐ Delete
20185 E. COUNTRY CLUB DR. #2604-
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FAITH, KEVIN ☒ Change ☐ Addition
2627 NE 203RD ST., #118
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/08 305-682-4991

Date

Daytime Phone #