

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90032 041 ***138.75

DOCUMENT # L05000065066	
1. Entity Name 35 WEST 15 STREET, LLC	

Principal Place of Business 1000 SOUTHWEST 95 AVENUE MIAMI, FL 33174	Mailing Address 1000 SOUTHWEST 95 AVENUE MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 26-2066766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JOSE M
 1000 SW 95 AVENUE
 MIAMI, FL 33174

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, JOSE M <i>ALVAREZ</i> 1000 SW 95TH AVENUE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, MARIA G <i>ALVAREZ</i> 1000 SW 95 AVENUE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Maria G Alvarez* 4/14/08 (305) 473-0494
SIGNATURE AND TYPED OR PRINTED NAME OF ENTITY MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MARIA G. ALVAREZ