

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90114 027 ***138.75

DOCUMENT # L05000079629

1. Entity Name
BEECH MOUNTAIN ESTATES, LLC



Principal Place of Business
**10 N.W. 42ND AVE., SUITE 700
MIAMI, FL 33126**

Mailing Address
**10 N.W. 42ND AVE., SUITE 700
MIAMI, FL 33126**

60023598



2. Principal Place of Business - No P.O. Box #
3530 SW 22ND ST.

3. Mailing Address
3530 SW 22ND ST.

Suite, Apt. #, etc.
SUITE 916

Suite, Apt. #, etc.
SUITE 916

03242008 Chg-LLC CR2E083 (12/06)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number

84-1688722

Applied For

Not Applicable

Zip
33145

Country
USA

Zip
33145

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OCHOA, LEOPOLDO A
815 PONCE DE LEON BLVD
STE 200
MIAMI, FL 33134**

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOURIZ, MIGUEL A
10 N.W. 42ND AVE., SUITE 700
MIAMI, FL 33126** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OCHOA, LEOPOLDO A
815 PONCE DE LEON BLVD., STE. 200
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOURIZ, MIGUEL A.
3530 SW 22ND ST. SUITE 916
MIAMI, FL 33145** ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

04-09-08 (305) 8671577