

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90052 009 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000083578

1. Entity Name
FLAMINGO 981 LLC



Principal Place of Business	Mailing Address
6555 NW 36 STREET 313 VIRGINIA GARDENS, FL 33166 US	6555 NW 36 STREET 313 VIRGINIA GARDENS, FL 33166 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9831 NW, 58 St Suite, Apt. #, etc. UNIT 150 City & State MIAMI - FLORIDA Zip 33178 Country USA	9831 NW, 58 St Suite, Apt. #, etc. UNIT 150 City & State MIAMI - FLORIDA Zip 33178 Country USA

01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For
20-3350745	Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OVIES, IDA C
2307 DOUGLAS RD
400
MIAMI, FL 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGR	MOTTA, DINO	10633 NW 54 STREET DORAL, FL 33178	<input type="checkbox"/>
	MGR	DE MOTTA, MARISA V	10633 NW 54 STREET DORAL, FL 33178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

01/12/07

Date

786 285 5795

Daytime Phone #