

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90077 043 \*\*\*\*50.00

**DOCUMENT # L05000086348**

1. Entity Name  
**GLENMOOR MATTOS, LLC**



Principal Place of Business

21 SE 1 AVENUE  
10TH FLOOR  
MIAMI, FL 33131

Mailing Address

21 SE 1 AVENUE  
10TH FLOOR  
MIAMI, FL 33131

2. Principal Place of Business

**600 BRICKELL AV.**  
Suite, Apt. #, etc.  
**301-D**

3. Mailing Address

**4824 FISHER ISLAND DR.**  
Suite, Apt. #, etc.



02022006 Chg-LLC CR2E083 (11/05)

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**51-0555893**

Applied For

Not Applicable

Zip

**33109**

Country

**USA**

Zip

**33109**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J  
21 SE 1 AVENUE  
10TH FLOOR  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

**MATTOS, CARLOS J.**

Street Address (P.O. Box Number is Not Acceptable)

**4824 FISHER ISLAND DR.**

City

**MIAMI**

**FL**

Zip Code

**33109**

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 re-registering)

**CARLOS J. MATTOS (MGRM)**

**02-06-06**

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**MATTOS, CARLOS**  
**21 SE 1 AVENUE, 10TH FLOOR**  
**MIAMI, FL 33131** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

**02-06-06**

Date

**305-416-0202**

Daytime Phone #