2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000087353

1. Entity Name 6301 COLLINS, LLC

Principal Place of Business

37 SOUTH ROYAL POINCIANA BLVD.

MIAMI, FL 33166 US

11/1 AM 1 SPRINCS, F1.

33166

Mailing Address

37 SOUTH ROYAL POINCIANA BLVD. MIAMI, FL 33186 US MIAMI SPRINGS, FI, 33146

FILED Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90122 048 ***138.75

60027103



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-6638197			Applied For
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PEREZ, IRENE 37 SOUTH ROYAL POINCIANA BLVD. MIAMI-SPRINGS, FL 33166

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	R. S.					
	named entity submits this statement for the purpose of challions of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signsture required when reinstating)	DATE			
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	· · · · · · · · · · · · · · · · · · ·				
9.	MANAGING MEMBERS/MANAGERS		_			
NAME	PEREZ, IRENE					
STREET ADDRESS CITY-ST-ZIP	37 SOUTH ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166					
TITLE NAME						
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CITY-ST-ZIP	ļ					
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11. I hereby	certify that the information supplied with this filling does not	qualify for the exemptions contained in Chapter 119, F	forida Statutes. I further certify that the information			

11. I hereby certify that the information supplied with this filing does not everified 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 outh; that I am a managing member or manager of the limited liability company or the regarder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

4-5-08

887-7932

Daytime Phone #