


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90154 037 \*\*\*138.75

<b>DOCUMENT # L05000087980</b>			
1. Entity Name <b>804 SPIA LLC</b>			
Principal Place of Business <b>9577 HARDING AVE SURFSIDE, FL 33154</b>		Mailing Address <b>9577 HARDING AVE SURFSIDE, FL 33154</b>	
2. Principal Place of Business - No P.O. Box # <b>18246 Collins Ave.</b>		3. Mailing Address <b>18246 Collins Ave.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sunny Isles FL</b>		City & State <b>Sunny Isles FL</b>	
Zip <b>33160</b>	Country <b>USA</b>	Zip <b>33160</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>ALPERN, FERNANDO 9577 HARDING AVE SURFSIDE, FL 33154</b>		7. Name and Address of New Registered Agent Name <b>Alpern, Fernando</b> Street Address (P.O. Box Number is Not Acceptable) <b>18246 Collins Ave.</b> City <b>Sunny Isles</b> <b>FL</b> Zip Code <b>33160</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASQUENAZI, JACOBO 9577 HARDING AVE SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Asquenazi, Jacobo 18246 Collins Ave. Sunny Isles, FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

00004564



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-3555042**

Applied For  
Not Applicable

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