2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2006 8:00 am Secretary of State

DOCUMENT # L05000091428 1. Entity Name 12958 BERMELLO, LLC ,							04-04-20	006 900 0 9 0	06 ****50).00
Principal Place	e of Business	Mailing Address			-					
2601 S. BAYSHORE DRIVE, 10TH FLOOR 2601 S. BAYSHORE DRIVE, MIAMI, FL 33133 MIAMI, FL 33133				TH FLOOR						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0112200	6 Chg-LLC	CR2E	083 (11/05)	
City & State		City & State				4. FEI Nun	nber - 3477	420	-	oplied For ot Applicable
Zip	Country	Zip	Coun	try		5. Certifica	ate of Status Des	sired 🗌	\$5.00 Add	
	6. Name and Address of Current	t Registered Agent			1	7. Name a	nd Address of I	New Registered		
OA BOTE				Name						
	NIBALDO J NYSHORE DRIVE, 10TH FLO 33133			Street A	ddress (F	dress (P.O. Box Number is Not Acceptable)				
11111 111111111111111111111111111111111	,	4								
				City				FI	Zip Cod	le
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.									and accept	
_	ona or regionered again.									
SIGNATURE										
SIGNATURE -	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registere	d Agent signati	ure required	when reinstating)		DATE		
Fil	Signature, typed or printed name of registored agen ling Fee is \$50.00 ue by May 1, 2006	t and title if applicable. (NOTE:	Registere	d Agent signati	ure required	when reinstating)	F	DATE Make check Iorida Departi		e
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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 HAVE OF BIGNING MANAGING

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

305 859 205

Daytime Phone #