

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000094135

1. Entity Name
MIRAMAR COROSSINGS PARCEL 2, LLC



Principal Place of Business
**1575 SAN IGNACIO AVE.
SUITE 100
CORAL GABLES, FL 33146**

Mailing Address
**1575 SAN IGNACIO AVE.
SUITE 100
CORAL GABLES, FL 33146**



01182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1290869

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DKRLD, INC.
201 ALHAMBRA CIR. SUITE 1102
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000839143
03/05/08-80053-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM SHEPPARD, RALPH 1575 SAN IGNACIO AVENUE S-100 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM BAUMGARD, DANIEL 1575 SAN IGNACIO AVENUE S-100 CORAL GABLES, FL 33146
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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ralph Sheppard 2/20/08 305-661-0110