

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L05000096075

1. Entity Name
PURA VIDA REAL ESTATE II LLC



Principal Place of Business

2 S BISCAYNE BLVD 21ST FLOOR
MIAMI, FL 33131

Mailing Address

8918 ABBOTT AVE
SURFSIDE, FL 33154



03072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVISON, BRENT A
8918 ABBOTT AVE
SURFSIDE, FL 33154

**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

U00000856103
03/27/08-80079-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEVISON, BRENT A
8918 ABBOTT AVE
SURFSIDE, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ZUCKER INC
1420 QUEEN ANNE RD
TEANECK, NJ 07666

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHIFMAN, OFFY
PO BOX 414201
MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *x Bob Z*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

x3-7-08