

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

04-17-2006 90035 012 ****50.00

DOCUMENT # L05000098955

1. Entity Name

MASMAR XIX - BOA, LLC



Principal Place of Business

**5835 BLUE LAGOON DRIVE, 4TH FLOOR
MIAMI FL 33126**

Mailing Address

**5835 BLUE LAGOON DRIVE, 4TH FLOOR
MIAMI FL 33126**

30006760



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

83-0438317

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOJAE, MASOUD
5835 BLUE LAGOON DRIVE, 4TH FLOOR
MIAMI FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 remaining)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President	Masoud Shojae	5835 Blue Lagoon Dr. 4th FL	Miami, FL 33126	☐
Vice President	Maria Shojae	5835 Blue Lagoon Dr. 4th FL	Miami, FL 33126	☐
Vice President	Tania Martin	5835 Blue Lagoon Dr. 4th FL	Miami, FL 33126	☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #