

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000098964

1. Entity Name  
THE FLOREAL, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:59

Principal Place of Business  
2999 NE 191ST STREET  
PH-8  
AVENTURA, FL 33180

Mailing Address  
2999 NE 191ST STREET  
PH-8  
AVENTURA, FL 33180



01242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3736246

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GRISALES-RACINI, OSCAR ESQ  
2999 N.E. 191ST STREET  
CONCORDE CENTRE II, PH-8  
AVENTURA, FL 33180

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PERCHIK, ELIAS  
2999 NE 191ST STREET PH-8  
AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/08/07--01041--015 \*\*1000.00

**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

1/30/07 (305) 792-4911

Date

Daytime Phone #