

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-30-2006 90154 049 ****50.00
L05000100684

DOCUMENT # L05000100684

1. Entity Name
SUAREZ CORAL GABLES, LLC



Principal Place of Business
7000 SW 62ND AVENUE, SUITE 100
SOUTH MIAMI, FL 33143

Mailing Address
7000 SW 62ND AVENUE, SUITE 100
SOUTH MIAMI, FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number

57-1181942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 removing)

DATE

Filing Fee is \$80.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME George M. Suarez
STREET ADDRESS 7000 SW 62 AVE #100
CITY-ST-ZIP MIAMI FL 33143

TITLE MGR
NAME RONALD FIELDSTONE
STREET ADDRESS 201 ALHAMBRA CIRCLE #601
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 submit this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

11/7/06 7400774

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

Date

Signature

10/2

FILED

06 MAR 21 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03/21/06



ATTACHMENT

30000890

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

SUAREZ CORAL GABLES, LLC
7000 SW 62ND AVENUE, SUITE 100
SOUTH MIAMI, FL 33143

Subject: SUAREZ CORAL GABLES, LLC

Reference Number: L05000100684

FILED
06 MAR 21 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

✓ Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION