

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000100707

1. Entity Name
PIER 44, LLC



Principal Place of Business
2560 NE 190 STREET
UNIT # 3
MIAMI, FL 33180 US

Mailing Address
2560 NE 190 STREET
UNIT # 3
MIAMI, FL 33180 US



02202008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-170898 3174795

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD KORN, LEOPOL, PA ATTORNEYS
20801 BISCAYNE BLVD
SUITE # 501
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 _____

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

U000000847268
03/19/08-80014-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WASSMANN, SERGIO
2560 NE 190 STREET
MIAMI, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GAMBURD, DANIEL
2560 NE 190 STREET
MIAMI, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOBBERMAN, PABLO
2560 NE 190 STREET
MIAMI, FL 33180

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: DANIEL GAMBURD

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

02/20/08 786 2826703

Date

Daytime Phone #