

FILED
Apr 28, 2008 8:00 am
Secretary of State

60030034

[illegible]


03132008 Chq-LLC CR2E083 (12/06)

4. FEI Number	Applied For
20-3647223	Not Applicable

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

DOCUMENT # L05000100836

1. Entity Name
FLORIDA LANDINGS, LLC



Principal Place of Business	Mailing Address
1431 NW 13TH TERRACE MIAMI, FL 33125	1431 NW 13TH TERRACE MIAMI, FL 33125

2. Principal Place of Business - No P.O. Box # 17501 BISCAYNE BLVD	3. Mailing Address 17501 BISCAYNE BLVD
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Suite, Apt. #, etc. SUITE 340	Suite, Apt. #, etc. SUITE 340
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City & State AVENTURA - FLORIDA	City & State AVENTURA - FLORIDA
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Zip P 33160	Country USA	Zip 33160	Country USA
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6. Name and Address of Current Registered Agent	
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CUEVAS & ORTIZ, P.A. 536 BILTMORE WAY CORAL GABLES, FL 33134	Name
	Street Address
	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 reinstating)

DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACALA, LLC 1431 NW 13TH TERRACE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #