

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90075 007 \*\*\*\*50.00

**DOCUMENT # L05000113409**



1. Entity Name

717 ESTATE MANAGEMENT, LLC

Principal Place of Business

2903 SALZEDO STREET  
CORAL GABLES, FL 33134

Mailing Address

2903 SALZEDO STREET  
CORAL GABLES, FL 33134

00001207



**DO NOT WRITE IN THIS SPACE**

02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3840324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JULIO C ESQ.  
2903 SALZEDO STREET  
CORAL GABLES, FL 33134

**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	MGR
NAME	MARRERO, FANIO
STREET ADDRESS	2903 SALZEDO STREET
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	MARRERO, JULIO C ESQ.
STREET ADDRESS	2903 SALZEDO STREET
CITY-ST-ZIP	CORAL GABLES, FL 33134
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:** \_\_\_\_\_

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

Date

Daytime Phone #

02/26/07 305-446-0163