

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119112

Entity Name: 2834 NMA, LLC

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

6330 PINE TREE DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6330 PINE TREE DRIVE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 03-0576400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPOLITE CORPORATION
ONE S.E. THIRD AVENUE
SUITE 2130
MIAMI, FL 33131 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERCAL, ESTHER
Address: 6330 PINETREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: SANTAMARINA, NELI
Address: 435 E. RIVO ALTO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: PAMPANAS, JOSEPHINE
Address: 4444 PRARIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: AMADEO, FRANK
Address: 848 BRICKELL KEY DRIVE, UNIT 301
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ESTHER PERCAL

MGRM

05/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date