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FILINGS, INC. TERESA R		
(Requestor's Nan 2805 LITTLE DEAL ROAD	ne)	\
(Address)		
TALLAHASSEE, FLORIDA 32	2308 385-6735	OFFICE USE ONLY
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	MĒ(S) & DOCUMENT NU	
1. Felpin A	Deal FETE	(Document #) Devaloguant, LC
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NEW FILINGS	AMENDMENTS	**************************************
Profit	Amendment	
NonProfit	Resignation of R.A., Offi	icer/Director
Limited Liability	Change of Registered Ag	gent
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	4
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	4 - 2
	Trademark	Examiner's Initials
	Other	

CR2E031(10/92)

	Name:	
The name of the	e Limited Liability Company is:	*
		£_
	V Real Estate Investment and Development, LLC Tig.	à:
Must end with the w	words "Limited Liability Company, "Limited Company" c their abbreviation "LLC," or "L.C."	F
ARTICLE II -	Address:	
	dress and street address of the principal office of the Limited Liability Compa	any
		J
Principal Offic	ce Address: Mailing Address:	
2655 [£ 7 £]	UNE ROAD 2655 LEJEUNE ROAD	
•	SHITE 507	-
	ES, FLORIDA 33134 CORAL GABLES, FLORIDA 33134	
The Limited Liabilit	- Registered Agent, Registered Office, & Registered Agent's Signature: ity Company cannot serve as its own Registered Agent. You must designate an individual or another in an active Florida registration.)	
The name and th	he Florida street address of the registered agent are:	
	FT(TNEC TNC	
	FILINGS, INC.	
	3732 N J 1645 STRFET	
	7172 N. W. 1021 0771007	
	3732 N.W. 16th STREET Florida street address (P.O. Bo: NOT acceptable)	
	Florida street address (P.O. Bo NOT acceptable) FORT LAUDERDALE FL 33311 City, State, and Zip	

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608. F.S..

Registered Agent's Signature (REQUIR 3D)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mai "MGRM" = M	nager Ianaging Member	Name and A l Iress:
MGR		GIUSEPPE CASCARANO 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FLORIDA 33134
MGR		FELICETTA CASCARANO 2655 LEJEUNE ROAD, SULTE 507 CORAL GABLES, FLORIDA 33134
		· · · · · · · · · · · · · · · · · · ·
LE V: Effective date is days after the	ent if necessary) ve date, if other than listed, the date must e date of filing.) SIGNATURE:	the date of filing: (OPTIO st be specific and canno : be more than five business
LE V: Effective date is days after the	ve date, if other than listed, the date must date of filing.) SIGNATURE:	0
LE V: Effective date is days after the	ve date, if other than listed, the date must date of filing.) SIGNATURE: Signature of a me of this document of this document of the lister o	Roman

of Registered Agen:

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)