FILED
May 27, 2008 8:00 am
Secretary of State
04-30-2008 90032 014 ****50.00
05-27-2008 90371 016 ****88.75

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06000016549

1. Entity Name
MIAMI HOLDINGS LLC

DO NOT WRITE IN THIS SPACE

50005885

2. Principal Place of Business	3. Mailing Address
3609 AVOCADO AVE	3609 AVOCADO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT GROVE, FL	City & State: COCONUT GROVE, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0171534 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name CARIN KAHGAN
Street Address (P.O. Box Number is Not Acceptable)
3609 AVOCADO AVE
City COCONUT GROVE FL Zip Code 33133

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 ______________________ DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM NAME CARIN KAHGAN STREET ADDRESS 3607 AVOCADO AVE CITY-ST-ZIP MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/20/08 305-321-5576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #