

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90052 004 ***138.75

DOCUMENT # L06000020028

1. Entity Name
4500 SILVER STAR, LLC



Principal Place of Business
**17 EAST FLAGLER STREET
SUITE 111
MIAMI, FL 33131**

Mailing Address
**17 EAST FLAGLER STREET
SUITE 111
MIAMI, FL 33131**

50007454



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR 20-4406647 Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAXBERG, I. BARRY
25 SE 2ND AVENUE
SUITE 730
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 (If 1011 - Registered Agent signature required when re-registering)

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
**MGRM
SHERMAN, JEFFREY
17 EAST FLAGLER STREET, SUITE 111
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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

Jeff Sherman

06/19/2008 (305) 992-5379

Date

Display Phone #

SENDING TO: DIVISION OF CORPORATION
PO BOX 1500
TALLAHASSEE FL
06-28-08