

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90070 047 ***138.75

DOCUMENT # L06000031135



1. Entity Name
STORSAFE HAMMOCKS MANAGER LLC

Principal Place of Business
**444 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131**

Mailing Address
**444 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131**

60019283



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-4553277

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

**DUNNE, LORRI L
444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131**

**Jude M. Williams
444 Brickell Avenue Suite 900
Miami, FL 33131**

L 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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/21/08

**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
DE OLAZARRA, ALLEN C
444 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SOCOLSKY, SERGIO
444 BRICKELL AVENUE, STE 900
MIAMI, FL 33131** ☐ Delete

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

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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 LEGAL PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jude M. Williams

(Authorized Rep.)

02/28/08

305.995.9998