

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035210

Entity Name: SEVENTY SIX STREET, LLC

FILED  
Feb 11, 2009  
Secretary of State

**Current Principal Place of Business:**

2950 SW 27TH AVENUE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**  
2950 SW 27TH AVENUE  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 20-5201140      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

XIQUES, ALFREDO D  
2950 SW 27TH AVENUE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Delete  
Name: GARCIA, EDUARDO J JR  
Address: 2950 SW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: MGR ( ) Delete  
Name: DELGADO, ROLANDO JR  
Address: 2950 SW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: MGR ( ) Delete  
Name: GARCIA, JOSE I  
Address: 2950 SW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33133

**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:

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: EDUARDO GARCIA, JR.

MGR

02/11/2009

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