2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000037023

FILED Aug 14, 2008 8:00 am Secretary of State 08-14-2008 90036 044 ***138.75



WAVERLY HOLDINGS LLC							
Principal Place of Business 9172 COLLINS AVE. #205 SURFSIDE, FL 33154	PMB 312	17150 COLLINS AVE. SUITE 101		50099452			
2. Principal Place of Business - No P.O. Box # 18555 (Olling Ave		lins Ave					
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.		07112008	Chg-LLC	CR2E083 (1		aliad For
Sunny Toks Beach, FL	City & State Sunny Isles Zip	Beach, FL Country	4. FEI Numb		\$ 5.0		plied For t Applicable
33160 USA	33160	ÜŠA		of Status Desired		Required	
6. Name and Address of Curre	nt Registered Agent	Name	7. Name an	Address of New	Kegistereu Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.		Street Addro	ess (P.O. Box Numb	per is Not Acceptat	ole)	·- · · · · · · · · · · · · · · · ·	
4TH FLOOR MIAMI, FL 33145		site.		<u> </u>	· -		
		City Sur	my Isles		r L	ip Code ろ	3160
8. The above named entity submits this statement the obligations of registered agent.	for the purpose of changing it	s registered office or reg	istered agent, or b	oth, in the State of I	Florida. I am familia	ar with, i	and accept
SIGNATURE	ent and title if agniticable (NO	TE Registered Agent signature re-	ouired when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		s. 607.193(2)(b), F.S d not receive the prior		l .	ake check payab da Department c		
	BERS/MANAGERS	10.		ADDITION	S/CHANGES	05	T Addition
TITLE MGR NAM5 MARTIN, ALEX ASENS! 9172 COLLINS AVE. #205 0ITY-\$T-ZIP SURFSIDE, FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			u,	Change	☐ Addition
TITLE MGR NAME MARTIN, ALFONSO ASENSI STREET ADDRESS 9172 COLLINS AVE. #205	☐ Delate	TITLE NAME STREET ADDRESS				Change	☐ Addition
CITY-ST-ZIP SURFSIDE, FL 33154 TITLE ST NAME MARTIN, ALFONSO ASENSI STREET ADDRESS 9172 COLLINS AVE. #205	☐ Delote	CITY-ST-ZIP TITLE NAME STREET ADDRESS				Change	☐ Addition
CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Adaition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied v	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition

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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	Juan	Asensi	8111108	
	AND TYPED OR PRINTI	ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #