

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90056 001 \*\*\*312.47

07-15-2008 90056 002 \*\*\*226.28

**DOCUMENT # L06000045229**

1. Entity Name

PARK SQUARE COMMERCIAL - R3, LLC



Principal Place of Business

5835 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126

Mailing Address

5835 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126

**30010417**



07082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

76-0826578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHOJAE, MASOUD  
5835 BLUE LAGOON DRIVE, 4TH FLOOR  
MIAMI, FL 33126

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SHOJEE, MASOUD
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FLR
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	V
NAME	SHOJEE, MARIA
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FLR
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/8/08

786-437-8559