

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047189

1. Entity Name  
2334 PONCE LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN -2 PH 1:44

Principal Place of Business  
201 CROSS STREET  
MIAMI SPRINGS, FL 33166

Mailing Address  
201 CROSS STREET  
MIAMI SPRINGS, FL 33166



03242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4967914

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ARGUELLES, FRANCISCO J  
201 CROSS STREET  
MIAMI SPRINGS, FL 33166

**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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

700130999767  
06/06/08--01027--015 \*\*2453.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SAIDEN, AMIN  
1643 BRICKELL AVE, APT 2305  
MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SAIDEN, SILVIA  
1643 BRICKELL AVE, APT 2305  
MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SAIDEN DE NAVARRO, SILVIA  
1643 BRICKELL AVE, APT 2305  
MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

B. Tedlock JUN 02 2008

**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

3/24/08.

Date

Daytime Phone #