

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000051238

Entity Name: S. FLA . AVIATORS, LLC

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4600 ROYAL PALM AVENUE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4600 ROYAL PALM AVENUE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 20-4958389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEFFMAN, TAMRA  
4600 ROYAL PALM AVENUE  
MIAMI BCH, FL 33140 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: MGRM  
Name: SHEFFMAN, TAMRA  
Address: 4600 ROYAL PAM AVE  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM  
Name: BORTOLIN, SONIA  
Address: 2025 NE 164 STREET, #409  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM  
Name: BLASI, PATRICIA  
Address: 3800 NE 209TH TERRACE  
City-St-Zip: AVENTURA, FL 33180

I hereby 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: TAMRA SHEFFMAN

MGRM

01/10/2011

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