

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90108 008 ***138.75

DOCUMENT # L06000068759

1. Entity Name

818 HAVANA, LLC



Principal Place of Business

**300 MERIDIAN AVENUE, SUITE 6
MIAMI BEACH FL 33139**

Mailing Address

**300 MERIDIAN AVENUE, SUITE 6
MIAMI BEACH FL 33139**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5528813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAPELL, JEFFREY
300 MERIDIAN AVENUE, SUITE 6
MIAMI BEACH FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the (if applicable)

(NOTE: Registered Agent's picture required when certifying)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**MGRM
HAVANA MANAGEMENT CORPORATION
300 MERIDIAN AVENUE, SUITE 6
MIAMI BEACH FL 33139**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytona Price &