2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT # L06000075	557				02-14-2008 9	•		
Principal Plac	e of Business	Mailing Address							
155 SOUTH	MIAMI AVENUE	155 SOUTH MIAMI AVENU	IF	l					
850		850	<i>,</i> ,						
MIAMI, FL 3	3130 US	MIAMI, FL 33130 US		!					
	0.00	WWW, 12 00 100	•	ŀ			!! 0.6 111 18881 6	INTERNATION	IIII III II01
2828	Place of Business - No P.O. Box #	3. Mailing Address	Way						
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	r		01242008	Chg-LLC	CR2E0	83 (12/06)	
	<u>්රට</u>	500							
City & Stat	e	City & State			4. FEI Numbe			Ap	plied For
Miami	FL	Migmi FC	<u>- ` </u>		APPLIE	D FOR		No	t Applicable
Zip	Country	Zip	Сорицу		E Conificato	of Status Desired		\$5.00 Add	fitional
33140	S 10.5~	33145	\cup S_{-}		a. Cermicate	or Status Desired		Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	Registered .	Agent	
	· · ·	-	Name	<u> </u>			-		
COHEN, G	SARY J			156	man,	876 OH	anie		
201 SOUT	H BISCAYNE BOULEVARD		Street A	adress (F	o. Box Numbe بيان	r is Not Acceptable	e)		
1600				282	8 Cor	al Wa	4		
MIAMI, FL	33131				ے ـــ	00			
• • • •			<u> </u>			<u> </u>			
			City aistered office of	ا منت ا			FL	Zip Cod	
8. The above	named entity submits this statement for	the curpose of changing its re	gistered office of	registere	ed agent, or both	n in the State of Ele	orida Lom	133/	<u>4 </u>
the obligat	ions of registered agent.		giotoroo omico o	regiotore	od agorii, or boti	i, in the State of Fit	Jiloa. Talli	anilar with,	and accept
_	allo Mali.	ν_{1}					10	./	
SIGNATURE .	XXX//VIXXX	30					24/0	<u> </u>	
	Signature. Toes or printed name of registered agent a	nd title if applicable. (NOTE; R	egistered Agent signat	ure required v	when reinstating)		DATE		
					1				
FILE	NOW!!! FEE IS \$138.75					Mak	e check p	ayable to	
FILE After May	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75					Mak Florida	e check p Departm	ayable to ent of State	,- B \
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75					Mak Florida	e check p Departm	ayable to ent of State	•
FILE After May	, 1, 2008 Fee will be \$538.75 MANAGING MEMBER	<u> </u>	10			Mak Florida ADDITIONS	Departm	ent of State	é \
After May	/ 1, 2008 Fee will be \$538.75	<u> </u>	10. TITLE			ADDITIONS	Departm	ent of State	B
After May	, 1, 2008 Fee will be \$538.75 MANAGING MEMBER	RS/MANAGERS			man St	Florida	Departm	ent of State	Addition
9.	MANAGING MEMBER	RS/MANAGERS	TITLE	Ber		ADDITIONS	Departm	ent of State	B
9. IIILE NAME	P BERMAN, STEPHANIE 156 SOUTH MIAMI AVENUE, SU	RS/MANAGERS	TITLE NAME STREET ADDRESS	13ev	28 (ADDITIONS be phone	Departm	ent of State	B
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER P BERMAN, STEPHANIE	RS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13ev		ADDITIONS be phone	Departm	ent of State	B
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