

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000091584

1. Entity Name
1790 CORAL WAY, LLC



FILED
08 DEC -5 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4535 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

Mailing Address
4535 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #
1790 CORAL WAY

3. Mailing Address

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

01212008 Chg-LLC CR2E083 (12/06)

City & State :
Miami FL

City & State

4. FEI Number
20-5894234

Applied For
Not Applicable

Zip
33145

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PADRON, CARLOS E ESQ.
2 ALHAMBRA PLAZA, STE. 860
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HERNANDEZ, HARVEY
4535 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1790 Coral Way, Suite 101
Miami, FL 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
CITINOVA, INC
5740 SW 113 St
Pinecrest FL 33156 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
HUMBERTO VANEGAS
449 Luretta Ave
Coral Gables, FL 33146 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/2/08