

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

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

02-14-2008 90072 007 ***143.75

DOCUMENT # L06000103797

1. Entity Name

NATASHA KAHN L.L.C.



Principal Place of Business

284 BAL BAY DR, 3A
BAL HARBOUR FL 33154
US

Mailing Address

284 BAL BAY DR, 3A
BAL HARBOUR FL 33154
US



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

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-5803108

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

RUIZ, NATACHA
9553 HARDING AVE.
#205
SURFSIDE FL 33154

Name **RUIZ, NATACHA**

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

284 BAL BAY DRIVE # 3A

City **BAL HARBOUR**

FL

Zip Code **33154**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **RUIZ, NATACHA**
STREET ADDRESS **9553 HARDING AVE. #205**
CITY-ST-ZIP **SURFSIDE FL 33154**

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

TITLE **MGR** ☐ Delete
NAME **RUIZ, NATACHA**
STREET ADDRESS **284 BAL BAY DRIVE # 3A**
CITY-ST-ZIP **BAL HARBOUR, FL 33154**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

2/5/08 (305) 213-8548

Date

Daytime Phone #