√ 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 04, 2008 8:00 am Secretary of State

DOCUMENT # L06000110379 1. Entity Name 7300 SRV, LLC						03-04-2008 90105 004 ***138.75				
6885 S.W. 5	ce of Business 18TH PLACE MI, FL 33143		Mailing Address 6885 S.W. 58TH PLAC SOUTH MIAMI, FL 331		-					
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02122008	Chg-LLC	CR2E083 (12/06)	
City & State			City & State		4. FEI Numb			Applied For		
Zip	Country		Zip Count		try	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current R				7. Name and Address of New Registered Agent				
DOLCHIN, STEVEN B						Name Raymond Weisbein				
3864 SHE	RIDAN STE DOD, FL 3:	REET		Street Address (P.O. Box Number is Not Accel					_	
					City Gouth Miani FL Zip Coope, 43					
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 Signs of printed name of registered agent and bille if applicable. (NOTE: Registered Agent signature required when reinstating) Out Out Out Out Out Out Out Ou									<u>. </u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								e check payable to a Department of Sta	ite	
9.		MANAGING MEMBER	S/MANAGERS	10.		.	ADDITIONS)	CHANGES	i	
TITLE NAME STREET ADDRESS	3	, RAYMOND G 8TH PLACE	☐ Delete	TITLE NAM STRE				☐ Change	☐ Addition	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143		CITY		-ST-ZIP					
TITLE NAME	MGRM Delete		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	3618 LANTANA ROAD, SUITE NO. 201				ET ADDRESS - ST - ZIP					
TITLE	MGR Delete							☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MATZNER, VERONICA 6885 S.W. 58TH PLACE SOUTH MIAMI, FL 33143				ET ADORESS -ST-ZIP					
TITLE			☐ Delele	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAME	1			_ •		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS · ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME '				NAM	I					
STREET ADDRESS CITY-ST-ZIP					et address -st-zip				į	
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 frue 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 acceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										