

**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 038 ***138.75

DOCUMENT # L07000000614

1. Entity Name

426 SAN MARINO, LC



Principal Place of Business

1413 N. VENETIAN WAY
MIAMI BEACH FL 33119

Mailing Address

P.O. BOX 190924
MIAMI BEACH FL 33119



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
20-8325551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELAND, RUSSIN & BUDWICK, P.A.
3000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Dominquez, VIRGINIA**

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

1413 N. Venetian Way

City **Miami**

FL

Zip Code **33139**

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

Virginia Dominguez

Feb 04/08

Signature typed or printed name of registered agent and title if applicable.

(Not Registered Agent signature required when remaining)

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 **MGRM** ☐ Delete
NAME **DOMINGUEZ, LUIS**
STREET ADDRESS **426 SAN MARINO DRIVE**
CITY- ST- ZIP **MIAMI FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **DOMINGUEZ, VIRGINIA**
STREET ADDRESS **1413 N Venetian Way**
CITY- ST- ZIP **Miami FL 33139**

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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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:

Virginia Dominguez

Feb 04/08 305-374-0607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #