

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90039 001 ***138.75

DOCUMENT # L07000030523 1. Entity Name 3670.MANGO PLAZA, LLC					
Principal Place of Business 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160				Mailing Address 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160	
2. Principal Place of Business - No P.O. Box # 16850-112 Collins Ave		3. Mailing Address 16850-112 Collins Ave.			
Suite, Apt. #, etc. #285		Suite, Apt. #, etc. #285			
City & State Miami Beach, FL		City & State Miami Beach, FL			
Zip 33160		Zip 33160			
Country USA		Country USA		01042008 Chg-LLC CR2E083 (12/06)	
4. FEI Number				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, RICHARD C ESQ. 100 S.E. SECOND STREET, SUITE 3300 MIAMI, FL 33131			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHAR FAMILY LIMITED PARTNERSHIP ☐ Delete 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 16850-112 Collins Ave #285 Miami Beach, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEHAR, MOISES ☐ Delete 16445 COLLINS AVENUE, #724 MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 16850-112 Collins Ave #285 Miami Beach, FL 33160	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 606, Florida Statutes.					
SIGNATURE: <u>Moses Behar</u> MOISES Behar <u>1/6/08</u> <u>305-632-6394</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					