

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90240 045 ***138.75

DOCUMENT # L07000031637

1. Entity Name
CIRRUS D&S, LLC



Principal Place of Business
**2875 NE 191 STREET
SUITE 400
AVENTURA, FL 33180**

Mailing Address
**2875 NE 191 STREET
SUITE 400
AVENTURA, FL 33180**

60014256



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

01102008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-8746755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

**JARVIS & ASSOCIATES, P.A.
1500 SAN REMO
SUITE 145
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name **Joan Papadakis**

Street Address (P.O. Box Number is Not Acceptable)
2875 N.E. 191st Street

Suite 400

City **Aventura**

FL

Zip Code **33180**

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

Joan Papadakis

2/4/08

**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 **MENDAL, DAVID**
STREET ADDRESS **2875 NE 191 STREET, SUITE 400**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **MGRM** ☐ Delete
NAME **STUDNIK, SHANI**
STREET ADDRESS **2875 NE 191 STREET, SUITE 400**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 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

Shani Studnik

2/25/08

(305) 370-7100

Date

Daytime Phone #