

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065216

Entity Name: MND 1409, LLC

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

% DAVID SHEAR, ESQ.  
201 ALHAMBRA CIRCLE, STE. 601  
CORAL GABLES, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

% DAVID SHEAR, ESQ.  
201 ALHAMBRA CIRCLE, STE. 601  
CORAL GABLES, FL 33034

**New Mailing Address:**

FEI Number: 65-0755127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STAMM, WARREN J  
18001 COLLINS AVE  
31ST FLOOR  
SUNNY ISLES, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DEZER, MICHAEL  
Address: 18001 COLLINS AVE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR  
Name: DEZER, GIL  
Address: 18001 COLLINS AVE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: N. DEZER

MGR

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date