## **2008 LIMITED LIABILITY COMPANY**

#### Jan 09, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L07000071049 01-09-2008 90021 048 \*\*\*138.75 FONTAINEBLEAU III #1116, LLC Principal Place of Business Mailing Address **2645 SOUTH BAYSHORE DRIVE** 2645 SOUTH BAYSHORE DRIVE 60000527 MIAMI, FL 33133 US MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01032008 Chg-LLC CR2F083 (12/06) Applied For City & State City & State 4. FEI Number 26-16 14218 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELGADO, JACQUELINE M Street Address (P.O. Box Number is Not Acceptable) 2645 SOUTH BAYSHORE DRIVE 303 MIAMI, FL 33133 8. The above named entity submits this statement for the purpose of changing its registered öffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition TELLE TITLE ☐ Change ☐ Delete DELGADO, JACQUELINE M NAME 2645 SOUTH BAYSHORE DRIVE, # 303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP Addition FITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

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.



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\*\* The document number, business name and file date cannot be changed on the report. \*\*

**Document Number** 

\L07000071049

Business Entity Name FONTAINEBLEAU III #1116, LLC

**Original File Date** 

07/09/2007

FEI Number 26-1674218

2645 SOUTH BAYSHORE DRIVE

Principal Address 303

MIAMI, FL 33133 US

2645 SOUTH BAYSHORE DRIVE

**Mailing Address** 

303

MIAMI, FL 33133 US

JACQUELINE M DELGADO

Registered Agent

2645 SOUTH BAYSHORE DRIVE

303

MIAMI, FL 33133 US

### Managing Member/Manager Name And Address

MGRM JACQUELINE M DELGADO 2645 SOUTH BAYSHORE DRIVE, # 303 MIAMI, FL 33133 US

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