

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2008 OCT 21 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000079054

1. Entity Name
MINERVANKHER STUDIO, LLC



Principal Place of Business
19201 COLLINS AVENUE
CU - 135
SUNNY ISLES BEACH, FL 33160

Mailing Address
1835 E. HALLANDALE BEACH BLVD.
733
HALLANDALE BEACH, FL 33009



09122008 Chg-LLC CR2E083 (12/06)

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

4. FEI Number
26-0632672

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HECHAVARRIA, MINERVA
19201 COLLINS AVENUE
CU - 135
SUNNY ISLES BEACH, FL 33160

Name
Marina del Toro
Street Address (P.O. Box Number is Not Acceptable)
19333 Collins Avenue, #1910
City Sunny Isles Beach FL Zip Code 33160

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 Marina del Toro

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

(NOTE: Registered Agent signature required when reinstating)

9/12/08

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME HECHAVARRIA, MINERVA
STREET ADDRESS 19201 COLLINS AVENUE, # CU -135
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE MGRM ☐ Change ☒ Addition
NAME Marina del Toro
STREET ADDRESS 19333 Collins Ave., #1910
CITY-ST-ZIP Sunny Isles Beach, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

9/12/08

Date

Daytime Phone #