# 2008 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L07000100503**

**1.** Entity Name
LA PROVENCE BISCAYNE, LLC

**50010252**

| Principal Place of Business | Mailing Address |
|---|---|
| 2106 N.W. 13TH AVENUE | 2106 N.W. 13TH AVENUE |
| MIAMI, FL 33142  US | MIAMI, FL 33142  US |

07092008   Chg-LLC   CR2E083 (12/06)

**2.** Principal Place of Business - No P.O. Box # — *2200 Biscayne Blvd*

**3.** Mailing Address — *2106 NW 13th Avenue*

Suite, Apt. #, etc. — *160*

Suite, Apt. #, etc.

City & State — *Miami, Florida*

City & State — *Miami, Florida*

**4.** FEI Number — *26 1193741*  ☐ Applied For  ☐ Not Applicable

Zip — *33137*   Country

Zip — *33142*   Country

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

**6. Name and Address of Current Registered Agent**

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
SUITE 1500 (R1S)
MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name — *R. Cahlin c/o Berenfeld Spritzer*

Street Address (P.O. Box Number is Not Acceptable) — *Shechter & Sheer*
*2525 Ponce de Leon*

City — *Coral Gables*   FL   Zip Code — *33134*

**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 _____ *R. Cahlin* _____   *Reseller*   *07/07/08*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**FILE NOW!!! FEE IS $538.75**
**Due by September 12, 2008**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE *David Thau*  ☐ Delete | | TITLE | ☐ Change ☐ Addition |
| NAME *President* | | NAME | |
| STREET ADDRESS *2106 NW 13th Avenue* | | STREET ADDRESS | |
| CITY-ST-ZIP *Miami, FL 33142*  ☐ Delete | | CITY-ST-ZIP | |
| TITLE  ☐ Delete | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE  ☐ Delete | | TITLE | ☐ Change ☐ Addition |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** _____   *David Thau   07/9/08   3013474007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #