

FILED
Jan 29, 2008 8:00 am
Secretary of State

DOCUMENT # L07000108390



Mailing Address
WARNER BUILDING
4300 ALTON ROAD, FIFTH FLOOR
MIAMI BEACH, FL 33140

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number

4. FEI Number
26-1408014

Applied For	
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Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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
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10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE	PRESIDENT/CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STEVEN D. SONENREICH		
STREET ADDRESS	4300 ALTON RD - FIFTH FLOOR. WANNABE		
CITY-ST-ZIP	MIAMI BEACH FL 33140		

TITLE	SECRETARY-TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Alex mendeZ		
STREET ADDRESS	4300 ALTON RD -FIFTH FLOOR- WARNER Bldg		
CITY-SI-ZIP	MIAMI Beach FL 33140		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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

Date _____

Daytime Phone # _____

STEVEN D. SONENFELT