

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000396

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: MIAMIAMS, LLC

**Current Principal Place of Business:**

4505 N MICHIGAN AVENUE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

16699 COLLINS AVENUE  
4305  
SURFSIDE, FL 33160

**Current Mailing Address:**

4505 N MICHIGAN AVENUE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

16699 COLLINS AVENUE  
4305  
SURFSIDE, FL 33160

FEI Number: 26-1716041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SINGER, SARAH  
4505 N MICHIGAN AVENUE  
MIAMI BEACH, FL 33140 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: MGRM ( ) Delete  
Name: AMSELLEM, PHILIPPE  
Address: 4505 N MICHIGAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AMSELLEM, PHILIPPE  
Address: 16699 COLLINS AVENUE  
City-St-Zip: SURFSIDE, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PHILIPPE AMSELLEM

MGRM

04/27/2009

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