

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011380

Entity Name: 9351 LAKE ABBY LANE, LLC

FILED  
Apr 26, 2010  
Secretary of State

## Current Principal Place of Business:

717 PONCE DE LEON BOULEVARD  
307  
CORAL GABLES, FL 33134

## Current Mailing Address:

717 PONCE DE LEON BOULEVARD  
307  
CORAL GABLES, FL 33134

## New Principal Place of Business:

717 PONCE DE LEON BOULEVARD  
305  
CORAL GABLES, FL 33134

## New Mailing Address:

717 PONCE DE LEON BOULEVARD  
305  
CORAL GABLES, FL 33134

FEI Number: 27-1679483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUSKY, JEFFREY ESQ.  
301 ALMERIA AVENUE  
345  
CORAL GABLES, FL 33134 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  
Name: ARIAS, MICHAEL  
Address: 12641 SW 78TH STREET  
City-St-Zip: MIAMI, FL 33183

Title: MGRM  
Name: LEVIN, HERBERT  
Address: 525 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: BERSA & ASSOCIATES PROFIT SHARING PLAN  
Address: 1011 COTORRO AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM  
Name: LUSKY, JEFFREY  
Address: 301 ALMERIA AVENUE, SUITE 345  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: REGO, HUMBERTO M MANAGER  
Address: 717 PONCE DE LEON BLVD  
City-St-Zip: CCORAL GABLES, FL 33134

I hereby 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: HUMBERTO REGO

MGR

04/26/2010

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