

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019632

Entity Name: 890 W. 84 ST., LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

10205 COLLINS AVE., UNIT 606
BAL HARBOUR, FL 33154

New Principal Place of Business:

13647 DEERING BAY DRIVE
112
CORAL GABLES, FL 33158 US

Current Mailing Address:

10205 COLLINS AVE., UNIT 606
BAL HARBOUR, FL 33154

New Mailing Address:

13647 DEERING BAY DRIVE
112
CORAL GABLES, FL 33158 US

FEI Number: 26-2251839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

FISHER, BENITA
13647 DEERING BAY DRIVE
CORAL GABLES, FL 33146 US

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: BENITA FISHER

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS () Change (X) Addition
Name: FISHER, BENITA
Address: 13647 DEERING BAY DR # 112
City-St-Zip: CORAL GABLES, FL 33158

Title: MRS () Change (X) Addition
Name: SHELDON, REBECCA
Address: 606 NORTH LAKE SHORE DRIVE APT #5403
City-St-Zip: CHICAGO, IL 60611

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: BENITA FISHER

MRS

03/24/2009

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