2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
11 JUN 23 AM 10 03

DOCUMENT # L08000026861

1. Entity Name
19800, LLC

Principal Place of Business	Mailing Address
2655 LEJEUNE ROAD 506 CORAL GABLES, FL 33134	2655 LEJEUNE ROAD 506 CORAL GABLES, FL 33134

04292011 Chg-LLC CR2E083 (11/08)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2655 LEJEUNE ROAD		2655 LEJEUNE ROAD	
Suite, Apt. #, etc. STE # 550		Suite, Apt. #, etc. STE # 550	
City & State Coral Gables		City & State Coral Gables Fl.	
Zip Fl.	Country USA	Zip 33134	Country USA

4. FEI Number 26-2198907 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, ELIO M 2655 LEJEUNE ROAD 506 CORAL GABLES, FL 33134	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] April 18, 2011
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, 2011 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 19800 LLC 2655 LEJEUNE ROAD, STE 506 CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500209281895 06/23/11--01028--001 **138.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELIO Rodriguez 19800 LLC 2655 LE JEUNE ROAD, STE # 550 Coral Gables, Fl. 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] April 18th, 2011 786-367-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #