

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114859

FILED  
Jun 27, 2009  
Secretary of State

Entity Name: BENTLEY BAY REALTY, LLC.

**Current Principal Place of Business:**

540 WEST AVENUE  
SUITE 1911  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

540 WEST AVENUE  
SUITE 1911  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 26-3893800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KASSEL, JACOB  
540 WEST AVENUE  
SUITE 1911  
MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KASSEL, JACOB  
Address: 540 WEST AVENUE SUITE 1911  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR ( ) Delete  
Name: KASSEL, GABRIEL  
Address: 540 WEST AVENUE SUITE 1911  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JACOB KASSEL

MGR

06/27/2009

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