

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068112

Entity Name: TIDES 15N, LLC

**FILED**  
**May 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3801 S. OCEAN DR.  
UNIT 15N  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

3801 S. OCEAN DR.  
UNIT N-4L  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

3801 S. OCEAN DR.  
UNIT 15N  
HOLLYWOOD, FL 33019

**New Mailing Address:**

2130 SANS SOUCI BLVD.  
NORTH MIAMI, FL 33181

FEI Number: 42-1771400      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:**

OSCAR GRISALES-RACINI, PA  
2999 NE 191 STREET  
PH8  
AVENTURA, FL 33180 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: MGRM  
Name: GONZALEZ, GUSTAVO D  
Address: 2130 SANS SOUCI BLVD.  
City-St-Zip: NORTH MIAMI, FL 33181

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: GUSTAVO GONZALEZ

MGRM

05/14/2010

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