

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070626

Entity Name: ARTECH UNIT 338 LLC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2950 NE 188TH STREET  
338  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

1945 SOUTH OCEAN DRIVE  
1008  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

3535 SOUTH OCEAN DRIVE  
1706  
HOLLYWOOD, FL 33019

FEI Number: 27-1514394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRAUCH, SAMUEL  
1680 MICHIGAN AVENUE  
1024  
MIAMI BEACH, FL 33139 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: TINEO, ANIBAL  
Address: 1680 MICHIGAN AVENUE 1024  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: TINEO, ANTONIA  
Address: 1680 MICHIGAN AVENUE 1024  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: TINEO, CLARET  
Address: 1680 MICHIGAN AVENUE 1024  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: TINEO, CIRA  
Address: 1680 MICHIGAN AVENUE 1024  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: TINEO, ANIBAL A  
Address: 1680 MICHIGAN AVENUE 1024  
City-St-Zip: MIAMI BEACH, FL 33139

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: ANIBAL TINEO

MGRM

01/09/2012

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