

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000140134

Entity Name: AQUARIUS MIAMI, LLC

FILED  
Apr 09, 2012  
Secretary of State

**Current Principal Place of Business:**

10295 COLLINS AVENUE  
UNIT 808  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

10295 COLLINS AVENUE  
UNIT 808  
BAL HARBOUR, FL 33154

**New Mailing Address:**

FEI Number: 99-0372536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOBIN, ESQ., MICHAEL S  
11900 BISCAYNE BLVD  
SUITE 740  
MIAMI, FL 33181 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: MGR  
Name: NIGRI, MEYER JOSEPH  
Address: 10295 COLLINS AVENUE, UNIT 808  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGR  
Name: LILIAN RAQUEL CZERESNIA NIGRI  
Address: 10295 COLLINS AVENUE, UNIT 808  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGR  
Name: NIGRI HOROVITZ, ANDREA  
Address: 10295 COLLINS AVENUE, UNIT 808  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGR  
Name: NIGRI, RENATO MEYER  
Address: 10295 COLLINS AVENUE, UNIT 808  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGR  
Name: NIGRI, JOSEPH MEYER  
Address: 10295 COLLINS AVENUE, UNIT 808  
City-St-Zip: BAL HARBOUR, FL 33154

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: JOSEPH MEYER NIGRI

MGR

04/09/2012

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