FILE NOW: Fee after May 1, will be \$588.75

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L	Y COMPANY EPORT	LORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			FILED						
	7		DIVISION OF CORPORATIONS			97 MAR 24 PM 1:42					
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							SECRETARY OF STATE TALLAMASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9400000111							k# Shoke)		LONIDA		
BENA, LC							1a. Principal Place of Business Address				
1	.0300 SI	UNSET DRIVE, L 33173	10300 SUNSET DRIVE, STE. 135 MIAMI FL 33173								
If above mailing address is incorrect in any way, line through incorrect Information and enter correction in Block 2 2. Principal Place of Business 2a. Mailing Address							3. Date Organize	od or Qualified	3a. State of Formation		
E Pinicipi	ai Fiaco Oi Dus	11000	ng Address			03/16/19		FL			
Suite, Apt. #, etc. Suite, Ap				it. #, etc.			4. FEI Number	4	Applie	d For	
City & State City & 8				itale			65-0474771 Not Applicable				
Zip Country			Zip Country			in	5. Date of Last Report 6. Certificate of Status Desired				
Zip		Country	2тр		Count	у	03/14/19	96	\$8.75 Additional Fee Requ	alred	
	and Address of Current	d Agent				8. Name and Address of New Registered Agent					
PASTR	ANCY G			Name .	Name						
10300	SUNSES	T DRIVE, STE	Street Address			(P.O. Box Number is Not Acceptable)					
14112241	L 1.3	Suite, Apt. #, etc).						
<u> </u>											
			City			Zip Code					
lts register	red office or reg	sions of Sections 608,416 a istered agent, or both, in the accept the obligations.						ubmits this state			
	(Registered Agent Accepting Appointment)			NOTE: Registered Agent signature required when reinstating							
10. Title	Managing Members/Managers			Business Street Address			City, State and Zip Code				
MGRM	PASTROFF, EDWARD			6420 S.W. 50TH ST.				MIAMI FL			
MGRM	PASTROFF, NANCY G			6420 S.W. 50 STREES			MIAMI FL				
MGRM	DAVIS, ALAN J			2581 MAYFAIR LANE				FORT LAUDERDALE FL			
MGRM	DAVIS, BARBARA H			2581 MAYFAIR LANE				FORT LAUDERDALE FL			
								1000021261614 -03/27/9701096005 *****203.75 *****203.75			
-								Jb3-24-97			
indicated of limited liab	11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.										
SIGNATURE: Manufer of printed name of signing managing member of manager Date Dayling Prior of Dayling Prior of											
INHSE10	R(12-96)	SIGNATURE AND TYPE	L GH PHINIEL	HAME OF SIGNING	MANAGING	MICHIDLA ON MANAGER		Date	Daytime Frione #		