

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90045 029 \*\*\*138.75

**DOCUMENT # L94000000380**

1. Entity Name  
PONCE DE LEON PROPERTIES, L.C.



Principal Place of Business

3191 CORAL WAY  
# 1008  
MIAMI, FL 33145

Mailing Address

3191 CORAL WAY  
# 1008  
MIAMI, FL 33145



01242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0521646

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOSTCHIN, GUILLERMO ESQ.  
3191 CORAL WAY, # 1008  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOSTCHIN, GUILLERMO
STREET ADDRESS	3191 CORAL WAY, # 1008
CITY- ST- ZIP	MIAMI, FL 33145
TITLE	MGRM
NAME	SOSTCHIN, HENRIETTA
STREET ADDRESS	3191 CORAL WAY, # 1008
CITY- ST- ZIP	MIAMI, FL 33145
TITLE	MGRM
NAME	VIVES, GRACE
STREET ADDRESS	3191 CORAL WAY, # 1008
CITY- ST- ZIP	MIAMI, FL 33145
TITLE	MGRM
NAME	STONE, DAVID E
STREET ADDRESS	12555 BISCAYNE BLVD.
CITY- ST- ZIP	MIAMI, FL
TITLE	MGRM
NAME	PERCAL, ENRIQUE
STREET ADDRESS	2300 LAKE AVE., SUNSET ISLE #3
CITY- ST- ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* MGRM/2A/2MI (305) 476-7767