

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000000571



1. Entity Name

POTTER'S PLACE COMPANY, L.C.

Principal Place of Business

4800 LE JEUNE RD  
CORAL GABLES, FL 33146

Mailing Address

4800 LE JEUNE RD  
CORAL GABLES, FL 33146

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**



01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0780620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STORACE, MICHAEL R  
4800 LE JEUNE RD  
MIAMI, FL 33146

**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

3-21-07

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
STORACE, MICHAEL R  
4800 LE JEUNE RD  
MIAMI, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
STORACE, SARAH  
4800 LE JEUNE RD  
MIAMI, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000678653  
04/03/07-80006-014 50.00

**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]* as Managing Member

3-21-07 (305) 662-4800