

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L98000001718

1. Entity Name
ESA OF MIAMI, L.C.



Principal Place of Business

3550 N. MIAMI AVENUE
MIAMI, FL 33127

Mailing Address

3550 N. MIAMI AVENUE
MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE



02102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0864008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINBAUM, BERNICE
3550 N. MIAMI AVENUE
MIAMI, FL 33127

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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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STEINBAUM, BERNICE
3550 N. MIAMI AVENUE
MIAMI, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STEINBAUM, HAOLD
3550 N. MIAMI AVENUE
MIAMI, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000635855
02/23/07-80031-016 50.00

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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 #