

DOCUMENT # L99000002852

1. Entity Name

EXECUTIVE VENETIAN, L.C.

AND
FILED

00 MAY -1 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

21150 POINT PLACE, APT 1203
AVENTURA FL 33180

Mailing Address

21150 POINT PLACE, APT 1203
AVENTURA FL 33180-4037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0925677

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00

Fee

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDZOW, MICHAEL ESQ

BEDZOW KORN BROWN MILLER & ZEMEL, P.A.

20803 BISCAYNE BLVD., SUITE 200

AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip

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.

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 \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
AQUATE, MICHEL
21150 POINT PLACE, APT 1203
AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300003260979--5 ☐ Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
-05/22/00--01019--014 ☐ Change
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐

11. I 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 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 owner of a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

7/28/00

305-932-1111