

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90011 003 \*\*\*\*50.00

DOCUMENT # **299000003703**

1. Entity Name

**ARVILLA Apartments, L.C.**

**DO NOT WRITE IN THIS SPACE**

**44043148**

2. Principal Place of Business

**1300 COLLINS Ave**

Suite, Apt. #, etc.

**100**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI BEACH FL.**

City & State

4. FEI Number

**650094788**

Applied For

Not Applicable

Zip

Country

**33139**

**MIAMI-DADE**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Melvyn Schlessen**

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

**1300 COLLINS Ave #100**

City

**MIAMI BEACH**

**FL**

Zip Code

**33139**

**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.

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

**MGR**

NAME

**Melvyn Schlessen**

STREET ADDRESS

**1300 COLLINS Ave #100**

CITY-ST-ZIP

**MIAMI BEACH, FL. 33139**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**MGR**

NAME

**ARTHUR WEEDS**

STREET ADDRESS

**215 W 83 ST.**

CITY-ST-ZIP

**NYC NY 10024**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**ROBERT GENSCHON MGR**

NAME

**315 W. 55 ST.**

STREET ADDRESS

**NYC NY 10019**

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**MGR**

NAME

**MELVIN GENSCHON**

STREET ADDRESS

**315 W 55 ST.**

CITY-ST-ZIP

**NYC NY 10019**

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

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:



**MELVYN SCHLESSEN**

**4/20/04**

**305-531-3155**

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

Date

Daytime Phone #

CR2E083B (12/01)