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DOCUMENT # M02000001266

1. Entity Name
ONE ELEVEN TAMPA, LLC



FILED Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

5610 LASALLE ST TAMPA, FL 33607 Mailing Address

111 EAST 61ST STREET NEW YORK, NY 10021



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
11-366 <u>44</u> 10	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

1200 SOL	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324	DO NOT WRITE IN THIS SPACE
	e named entity submits this statement for the purpose of chations of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE.	•	(NOTE, Registered Agent signature required when reinstating) DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	000000803180 02/05/08-80016-001 138.75
9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY - ST - ZIP	MGR SLOVIN, BRUCE 111 EAST 61ST STREET NEW YORK, NY 10021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		9 30
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS		IN THIS SPACE
CITY-ST-ZIP		
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TITLE NAME	21,65189 helphin 64 (81) i	

11. It 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 reportiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3 RUCE Slo

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Daylime Phone #