

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90019 047 ****50.00

DOCUMENT # M03000002264

1. Entity Name

USPS MIAMI VIII, LLC



Principal Place of Business

**500 E. NORTH STREET, SUITE F
GREENVILLE SC 29601**

Mailing Address

**500 E. NORTH STREET, SUITE F
GREENVILLE SC 29601**

2. Principal Place of Business

101 N. Main Street

Suite, Apt. #, etc.

Suite 1203

3. Mailing Address

101 N. Main Street

Suite, Apt. #, etc.

Suite 1203

City & State

Greenville, SC

City & State

Greenville, SC

Zip

29601

Country

USA

Zip

29601

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HARDEMON, GLORIA
500 E. NORTH STREET, SUITE F
GREENVILLE SC 29601**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SAME
SAME
101 N. Main Street, Suite 1203
Greenville, SC 29601**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gloria Hardeemon

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

Date

800-677-4842

Anytime Phone #