

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90023 036 ****50.00

DOCUMENT # M03000003808

1. Entity Name

USPS MIAMI XV, LLC



Principal Place of Business

**500 EAST NORTH STREET, SUITE F
GREENVILLE SC 29601**

Mailing Address

**500 EAST NORTH STREET, SUITE F
GREENVILLE SC 29601**



2. Principal Place of Business

101 N. Main Street

Suite, Apt. #, etc.

Suite 1203

City & State

Greenville, SC

Zip

29601

Country

USA

3. Mailing Address

101 N. Main Street

Suite, Apt. #, etc.

Suite 1203

City & State

Greenville, SC

Zip

29601

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
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 **MGRM** ☐ Delete
NAME **CORWIN, ELIZABETH**
STREET ADDRESS **500 EAST NORTH STREET, SUITE F**
CITY-ST-ZIP **GREENVILLE SC 29601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

Elizabeth Corwin

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

Date

800-577-4842
Daytime Phone #