

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90031 015 ****50.00

DOCUMENT # M03000003995

1. Entity Name
TECTON MANAGEMENT SERVICES COMPANY, LLC



Principal Place of Business
**1101 BRICKWELL AVE
1400
MIAMI, FL 33131**

Mailing Address
**1101 BRICKWELL AVE
1400
MIAMI, FL 33131**

20032738



2. Principal Place of Business
1101 Brickell Avenue

3. Mailing Address
1101 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0282222

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACQUELINE DEL CRISTO MINGES, ESQ.
3001 S.W. 3RD AVENUE
MIAMI, FL 33129**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MILLARD, RICHARD**
STREET ADDRESS **1101 BRICKWELL AVE STE 1400**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **LEAL, RAUL**
STREET ADDRESS **1101 BRICKWELL AVE STE 1400**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **SIBLEY, PETER**
STREET ADDRESS **1101 BRICKWELL AVE STE 1400**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **RUFF, GEORGE**
STREET ADDRESS **1101 BRICKWELL AVE STE 1400**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **CARRILLO, DOUGLAS**
STREET ADDRESS **1101 BRICKWELL AVE STE 1400**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1101 Brickell Avenue**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1101 Brickell Avenue**
CITY-ST-ZIP

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

SIGNATURE:

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

Date

Daytime Phone #