


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90105 011 \*\*\*138.75

<b>DOCUMENT # M04000005519</b>	
1. Entity Name <b>MEDITERRANEA HOLDINGS LLC</b>	

Principal Place of Business <b>4535 PONCE DELEON BLVD CORAL GABLES, FL 33146</b>	Mailing Address <b>4535 PONCE DELEON BLVD CORAL GABLES, FL 33146</b>
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00014430



2. Principal Place of Business - No P.O. Box # <b>1790 Coral Way</b>	3. Mailing Address
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01242008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc. <b>Suite # 101</b>	Suite, Apt. #, etc.
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4. FEI Number <b>20-2504031</b>	Applied For <input type="checkbox"/> Not Applicable
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City & State <b>Miami, FL</b>	City & State
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Zip <b>33145</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>MEDITERRANEA, LLC</b>	
STREET ADDRESS <b>4535 PONCE DELEON BLVD</b>	
CITY-ST-ZIP <b>CORAL GABLES, FL 33146</b>	

TITLE <b>NAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1790 Coral Way, Suite 101</b>	
CITY-ST-ZIP <b>Miami, FL 33145</b>	

TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. I 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 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 #

**2/22/08**