2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED May 07, 2007 8:00 am Secretary of State

☐ Change

Change

Addition

☐ Addition

DOCUMENT # M0500001909 1. Entity Name LS MIAMI-DADE COUNTY, LLC						05-07-2007 9		****50	.00
Principal Plac	e of Business	Mailing Address	<u> </u>		1	P0143134			
159 S. MAIN STREET, SUITE 600 AKRON, OH 44308		159 S. MAIN STREET, Suite 600 Akron, Oh 44308		·		III Bais i B iini Ba iii Bb iii Bb ii	I BENIJ BENIJ NIJER IN	141 4 8 61 8 1 8 11	BEI ON IDEN
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt, #, etc.		.	04242007	Chg-LLC	CR2E083 ((12/06)	
City & State		City & State			4. FEI Numi 20-26				plied For t Applicable
Zip	Country	Zip	Country			e of Status Desired		.00 Add Required	itional
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Ro		<u> </u>	<u> </u>
				ne			<u></u>		
BMD FLORIDA SERVICE, LLC 76 S. LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202			Stre	Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL 32202								
			City	,			FL	Zip Code	•
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered offi	ce or register	red agent, or b	oth, in the State of Flo	rida. I am fami	liar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	:: Registered Agent	signature required	when reinstating)		DATE		
Fi D	ling Fee is \$50.00 ue by May 1, 2007						e check paya Department		;
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE					Change	Addition
NAME	500-SMC, LLC		NAME	1					
STREET ADDRESS	159 S. MAIN STREET, SUITE 50	0	STREET ADD	1					
CITY-ST-ZIP	7.11.10.11, 0.11.11.00		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE NAME					Change	Addition
NAME STREET ADDRESS			STREET ADD	FCC					
CITY-\$T-ZIP			CITY-ST-ZIP	l l					
TITLE		☐ Delete	TITLE		<u> </u>			Change	Addition
NAME			NAME	- 1			_		
STREET ADDRESS			STREET ADDR	1					
CITY-ST-ZIP			CITY-ST-ZIP						

☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

4.24.07 Lus. Walko SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #