

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-14-2007 90026 001 ****50.00

DOCUMENT # M05000005296 1. Entity Name VILLAS AT WESTWOOD, LLC					
Principal Place of Business 3250 MARY STREET, SUITE 306 MIAMI FL 33133			Mailing Address 3250 MARY STREET, SUITE 306 MIAMI FL 33133		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1156269	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LEVINE, ALAN W ESQ. 1110 BRICKELL AVE., 7TH FLOOR MIAMI FL 33131				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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent information required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STYLERS HOLDINGS, LLC 3250 MARY STREET, SUITE 306 MIAMI FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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 #: _____					