

M11000005426

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NRAI SERVICES, LLC
Account Number : 120080000104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

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Email Address: dmv2574@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AVENTURA CJ, LLC

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JAN 25 2012

EXAMINER

H12000020038 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aventura CJ, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Managor(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Wagner
Name of Person
Potamkin
Firm/Company
130 Spruce Street - Suite 30B
Address
Philadelphia, PA 19106
City/State and Zip Code
dmv2574@aol.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Donna Wagner at (215) 627-3780
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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H12000020038 3

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Aventura CJ, LLC
2. This entity was formed under the laws of: Delaware
3. This entity was authorized to transact business in Florida on 10/28/11 and its Florida document/registration number is M11000005426
4. The name and address of each manager or managing member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MOR" = Manager "MGRM" = Managing Member	
<u>EVP</u>	<u>Faisal Ahmed</u> <u>16600 N.W. 57th Avenue</u> <u>Miami Lakes, FL 33014</u>
<u>EVP</u>	<u>Barry Frieder</u> <u>6200 NW 167th Street - Bldg B</u> <u>Miami Lakes, FL 33014</u>
<u>Treasurer/Assistant Sect.</u>	<u>David Yusko</u> <u>6200 NW 167th Street - Bldg. B</u> <u>Miami Lakes, FL 33014</u>
<u>Assistant Treasurer/Sect.</u>	<u>Ali Ahmed</u> <u>16600 N.W. 57th Avenue</u> <u>Miami Lakes, FL 33014</u>
<u>Pres.</u>	<u>Aurelio Rivera</u> <u>6200 N.W. 167th Street - Bldg. B</u> <u>Miami Lakes, FL 33014</u>

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Required Signature: 
 Signature of Manager, Managing Member or Member

Filing Fee: \$25