2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   M99000001526

1. Entity Name

FIFTEEN BENNETT MIAMI BEACH, LLC

FILED   4/4/25

01 APR 16 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
763 COLLINS AVENUE, STE 304	763 COLLINS AVENUE, STE 304
MIAMI BEACH FL 33139	MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country	4. FEI Number 65-0950567	Applied For / Not Applicable

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
SANDERS, IAN	Name
763 COLLINS AVENUE, STE 304	Street Address (P.O. Box Number is Not Acceptable)
MIAMI BEACH FL 33139	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.

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 $50.00
Make Check Payable to Department of State

300004078863--7
-04/25/01--01123--006
*****50.00   *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE **MGRM** / NAME **SOGGY DOLLAR MANAGEMENT INC** / STREET ADDRESS **763 COLLINS AVE., #304** / CITY-ST-ZIP **MIAMI BEACH FL**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 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: _____   3/9/01   305-538-8315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #