

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

3/1

FILED
Apr 14, 2008 8:00 am
Secretary of State

03-18-2008 90174 025 ***138.75

DOCUMENT # L00000002535

1. Entity Name
NENEZIAN AND SEIKALY, L.L.C.



Principal Place of Business
**8181 NW 154TH STREET
SUITE 230
MIAMI LAKES, FL 33016-5861**

Mailing Address
**8181 NW 154TH STREET
SUITE 230
MIAMI LAKES, FL 33016-5861**

30003811



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0989655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NENEZIAN, GEORGE J
8181 NW 154TH STREET
SUITE 230
MIAMI LAKES, FL 33016-5861**

**DO NOT WRITE
IN THIS SPACE**

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**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
NENEZIAN, GEORGE J
8181 NW 154TH STREET SUITE 230
MIAMI LAKES, FL 330165882**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SEIKALY, OSCAR F
8181 NW 154TH STREET SUITE 230
MIAMI LAKES, FL 330165882**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/7/08

Date

Daytime Phone #

305-556-1488