

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-14-2008 90040 018 ***138.75

60001075



DOCUMENT # L99000003311 1. Entity Name NAZARI ASSOCIATES II, LLC					
Principal Place of Business 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021			Mailing Address 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 4651 SHERIDAN ST		3. Mailing Address 4651 SHERIDAN ST			
Suite, Apt. #, etc. SUITE 302		Suite, Apt. #, etc. SUITE 302			
City & State HOLLYWOOD, FLORIDA		City & State HOLLYWOOD, FLORIDA			
Zip 33021	Country USA	Zip 33021	Country USA	4. FEI Number 65-0931331	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SARAGOVIA, EFRAM N 3500 N 55 AVE HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SARAGOVIA, EFRAM 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Efram Saragovia <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1/9/08 <small>Date</small>		954 989 5199 <small>Daytime Phone #</small>