

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000075219

1. Entity Name
SIMON-LYONS, LLC



Principal Place of Business

**1230 NW 7 STREET
MIAMI, FL 33125**

Mailing Address

**1230 NW 7 STREET
MIAMI, FL 33125**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

41-2182425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYONS, MICHAEL D
1230 NW 7 STREET
MIAMI, FL 33125**

**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 restate)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SIMON, HERBERT L
2721 SW 27TH AVE.
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SIMON, JEANNETTE
2721 SW 27TH AVE.
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LYONS, RICHARD W
1230 NW 7 STREET
MIAMI, FL 33125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LYONS, PATRICIA L
1230 NW 7 STREET
MIAMI, FL 33125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000618762
02/08/07-80043-006 50.00

**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

Date

Daytime Phone #

1-29-07 305 324 1102