

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90064 033 \*\*\*138.75

DOCUMENT # L06000001460

1. Entity Name

AARON JESS LLC



Principal Place of Business

2011 NE 207TH STREET  
NORTH MIAMI BEACH FL 33179

Mailing Address

2011 NE 207TH STREET  
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business - No P.O. Box #

STEPHENS RESTAURANT

3. Mailing Address

1000 E. 10TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALEAH, FL.

City & State

Zip

33010

Country

US

Zip

Country

4. FEI Number

20-4217900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

NADELMAN, PHYLLIS  
2011 NW 207TH ST  
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. 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 reconstituting)

DATE

**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

TITLE MGRM ☐ Delete  
NAME NADELMAN, SHELDON  
STREET ADDRESS 2011 NE 207TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE MGRM ☐ Delete  
NAME PHYLLIS  
NAME NADELMAN, PHYLLIS  
STREET ADDRESS 2011 NE 207TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/08 305-931-0342

Date

Daytime Phone #