

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000020970

**Entity Name:** MECCA-RYAN II, L.C.

**Current Principal Place of Business:**

7965 LANTANA ROAD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

P.O. BOX 540669  
LAKE WORTH, FL 33454

**FEI Number:** 65-1245557

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARY SMIGIEL, L.C.  
7965 LANTANA ROAD  
LAKE WORTH, FL 33467 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GARY SMIGIEL, L.C.  
Address P.O. BOX 540669  
City-State-Zip: LAKE WORTH FL 33454

Title MGRM  
Name TROPICAL LAND DESIGN INC.  
Address P.O. BOX 541779  
City-State-Zip: LAKE WORTH FL 33454

Title MGRM  
Name RYAN INCORPORATED SOUTHERN  
Address 1700 S POWERLINE ROAD SUITE H  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGRM  
Name SABARA, LLC  
Address 2255 GLADES ROAD, SUITE 218-A  
City-State-Zip: BOCA RATON FL 33467

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY SMIGIEL

MGRM

01/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date