## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **DOCUMENT # L01000001646**

1. Entity Name



**FILED** Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90077 024 \*\*\*\*50.00

MCNAB HOLDINGS ELC					<sup>1</sup>
Principal Place of 8usiness 10301 NW 11 STREET PLANTATION FL 33322		Mailing Address 10301 NW 11 STREET PLANTATION FL 33322		···	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #. etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)
City & State		City & State			4. FEI Number 14-1320812 Applied For Not Applicable
Zip	Country	Zip -	Country		5. Certificate of Status Desired S5.00 Additional Fee Required
÷	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent
		a di Sala	- Nan	ne -	سيسان على بن المهياب مستعمل بالربية المناس المستعمل والمراس المناسف المناسف
GUAZZO, GARY E 10301 NW 11 STREET PLANTATION FL 33322				et Address (	s (P.O. Box Number is Not Acceptable)
			City		<b>FL</b> Zip Code
9 The shows	named actity automits this statement	at for the purpose of the posi-	ing its assistant of the		
	named entity submits this statement ions of registered agent.	nctor the purpose of changi	ing as registered offic	ce or register	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered Agent	signature required	red when reinstating) DATE
i	·	TO SERVICE THE SERVICE AND INC.	E NOW!!! FEE I ayable to Florida Due By May 1,	Departme	28.86.86.86.14.00.14.00.1
9.	MANAGING MEN	MBERS/MANAGERS	10.	148-548 ALLEY - 1981 G. 15-5	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUAZZO, GARY E 10301 NW 11 STREET FORT LAUDERDALE FL 33322	☐ Delete	TITLE NAME STREET ADDR		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDR		☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP	A Committee Comm	☐ Delete		·	Change Addition
11. I hereby	certify that the information supplied ton this report is true and accurate	with this filing does not quand that my signature shall	alify for the exemptio	n stated in S I effect as if	Section 119.07(3)(i), Florida Statutes: I further certify that the information 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