

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000002665

1. Entity Name
P. & N. SCHAEFER, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -6 PM 3:00

Principal Place of Business
598 NE 56 STREET
MIAMI, FL 33137

Mailing Address
598 NE 56 STREET
MIAMI, FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1104445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, JOHN E JR.
581 N.E. 91 STREET
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name Steven K. Baird, P.A.
Street Address (P.O. Box Number is Not Acceptable)
5981 N.E. 6th Avenue
City Miami FL 33137

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 reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME SCHAEFER, PAUL M
STREET ADDRESS 5599 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

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

TITLE MGR ☐ Delete
NAME SCHAEFER, NORAH K
STREET ADDRESS 5599 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #