

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 042 ****50.00

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07132006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L01000004106 1. Entity Name MENENDEZ ENTERPRISES, LLC					
Principal Place of Business 4101 GULF DRIVE HOLMES BEACH, FL 34217			Mailing Address 4101 GULF DRIVE HOLMES BEACH, FL 34217		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HECKER, SUSAN BARRETT 200 S. ORANGE AVE. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name MENENDEZ, MARY Street Address (P.O. Box Number is Not Acceptable) 4101 GULF DRIVE City HOLMES BEACH FL Zip Code 34217		
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 <u>Mary E. Menendez</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENENDEZ, MARY 4101 GULF DRIVE HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Mary E. Menendez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7-28-06</u> Daytime Phone # <u>741-778-3815</u>		