


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90038 034 ****50.00

DOCUMENT # L01000011445			
1. Entity Name M & S DEVELOPMENT, L.L.C.			
Principal Place of Business 7270 NW 12TH STREET PH-1 MIAMI, FL 33126		Mailing Address 7270 NW 12TH STREET PH-1 MIAMI, FL 33126	
2. Principal Place of Business 10 NW 42ND. AVE		3. Mailing Address 10 NW 42ND. AVE	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33126	Country USA	Zip 33126	Country USA



04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0536137

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRODIE, SIDNEY Z 7270 NW 12TH ST., PH-1 MIAMI, FL 33126		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRODIE, SIDNEY Z 7270 NW 12TH STREET, PH-1 MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORIZ, MIGUEL A 10 NW 42ND. AVE, Suite 400 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORIZ, REINALDO 10 NW 42ND. AVE, Suite 400 MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Miguel A. Mooriz** 4/26/04 (305) 567-1577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #