

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000016818

1. Entity Name

MISTRAL INVESTMENTS, LLC



Principal Place of Business

**888 SOUTH OCEAN BLVD
PALM BEACH FL 33480**

Mailing Address

**888 SOUTH OCEAN BLVD
PALM BEACH FL 33480**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

26-7046020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZISKA, MAURA A ESQ.
222 LAKEVIEW AVENUE
SUITE 950
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

**000000619128
02/08/07-80057-016 50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | | | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM ROOSEY, KHAUWY 888 SOUTH OCEAN BLVD. PALM BEACH FL 33480 | <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 Section 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:

R. Khawly ROOSEY, KHAUWY

1/31/07 (JG) 306-0390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #