

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000021242**

1. Entity Name  
**SUCCESSFUL LLC**



Principal Place of Business  
**800 CRANDON BLVD., #207  
KEY BISCAYNE, FL 33149**

Mailing Address  
**445 GRAND BAY DRIVE, UNIT 240  
KEY BISCAYNE, FL 33149**



08142007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**85-0485329**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MENDOZA, HUGO  
445 GRAND BAY DRIVE., UNIT 210  
KEY BISCAYNE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

000000772134  
09/16/07-80003-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MENDOZA, HUGO
STREET ADDRESS	445 GRAND BAY DRIVE, UNIT 20
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGR
NAME	MIRANDA, ROSA F
STREET ADDRESS	445 GRAND BAY DRIVE, UNIT 210
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGR
NAME	NAWALRAI, RAVIN
STREET ADDRESS	10836 SW 104 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #