

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004393

FILED
Jan 06, 2004
Secretary of State

Entity Name: MYMISDEPARTMENT, LLC

Current Principal Place of Business:

2173 KAYLAS CT.
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

2173 KAYLAS CT.
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 61-1406045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TIRADO-CHIODINI, YASMIN ESQ.
12472 LAKE UNDERHILL RD. #122
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

SHEHATA, SAMMY
2173 KAYLAS CT
ORLANDO, FL 32817 US

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.

SIGNATURE: SAMMY SHEHATA

01/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM (X) Delete
Name: WIGGINS, CHIP
Address: 12472 LAKE UNDERHILL RD. #324
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: SHEHATA, SAMMY
Address: 2173 KAYLAS CT.
City-St-Zip: ORLANDO, FL 32817

Title: MGRM (X) Delete
Name: POLLACK, BOB MD
Address: 12472 LAKE UNDERHILL RD. #324
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SAMMY SHEHATA

MGRM

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date