

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000011648**

**1. Entity Name**

**MICHAEL'S RESTAURANT EQUIPMENT, LLC**



**Principal Place of Business**

**4600 HARRISON ST.  
HOLLYWOOD, FL 33021**

**Mailing Address**

**4600 HARRISON ST.  
HOLLYWOOD, FL 33021**



**03312005No Chg-LLC**

**CR2E083 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**04-3698529**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

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

**AUERBACH, JAY E ESQ.  
2338 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020**

**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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**TERLIZZESE, MICHAEL**  
**4600 HARRISON ST.**  
**HOLLYWOOD, FL 33021**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**000000304518**  
**14/14/05-80045-007 50.00**

**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:**

*Michael Terlizze*

**Member**

*Michael Terlizze*

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

Date

Telephone #