

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90098 046 ****50.00

DOCUMENT # L02000018988

1. Entity Name
MISS MARTHA'S EMPLOYEES LLC



Principal Place of Business
**6870 GRANADA BOULEVARD
CORAL GABLES, FL 33146**

Mailing Address
**6870 GRANADA BOULEVARD
CORAL GABLES, FL 33146**

20045255



2. Principal Place of Business

3. Mailing Address

1172 S. Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#495

04212005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

Coral Gables, FL

4. FEI Number

58-2667716

Applied For

Not Applicable

Zip

Country

Zip

33146

Country

USA

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

**TRESCOTT DRUCKER VASALLO PL
2605 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
EDWARDS, MARK W
6870 GRANADA BOULEVARD
CORAL GABLES, FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

4/21/05

Date

205 669 2701

Daytime Phone #