

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90062 033 \*\*\*150.00

**DOCUMENT # L03000009314**



1. Entity Name  
**SUHAIR, LLC**

Principal Place of Business Mailing Address  
**9333 LAUREL GREEN DRIVE** **9333 LAUREL GREEN DRIVE**  
**BOYNTON BEACH, FL 33437** **BOYNTON BEACH, FL 33437**

**24059018**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number **14-1874836** Applied For  
Not Applicable

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

**SPIEGEL & UTRERA, P.A.**  
**1840 SOUTHWEST 22 STREET, 4TH FL**  
**MIAMI, FL 33145**

Name  
**Ghali, Marwan**

Street Address (P.O. Box Number is Not Acceptable)

**9333 Laurel Green Drive**

City **Boynton Beach** FL Zip Code **33437**

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

*MARWAN GHALI MGR*

*✓ 4-25-04*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **GHALI, MARWAN**  
STREET ADDRESS **9333 LAUREL GREEN DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **MGR** ☐ Delete  
NAME **GALI, SUHAIR**  
STREET ADDRESS **9333 LAUREL GREEN DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

Date

Daytime Phone #

*561 715 4773*