



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90205 016 ***138.75

DOCUMENT # L03000010285 1. Entity Name CEDARS ENTERPRISE OF MIAMI, LLC																													
Principal Place of Business 3725 NW 71 STREET MIAMI, FL 33147			Mailing Address 3725 NW 71 STREET MIAMI, FL 33147																										
2. Principal Place of Business - No P.O. Box # 325 East 10th Court		3. Mailing Address 325 East 10th Ct.																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01312008 Chg-LLC CR2E083 (12/06)																									
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 74-3115467																									
Zip 33010		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent TOLEDO, RICHARD G ESQ 21 SE FIRST AVENUE, 10TH FL MIAMI, FL 33131		7. Name and Address of New Registered Agent Name HARB, ELIE A. Street Address (P.O. Box Number is Not Acceptable) 325 East 10th Court City Hialeah FL Zip Code 33010																											
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELIE, HARB A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3725 NW 71ST STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33147</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ELIE, HARB A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3725 NW 71ST STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33147</td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	ELIE, HARB A.		STREET ADDRESS	3725 NW 71ST STREET		CITY-ST-ZIP	MIAMI, FL 33147		TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ELIE, HARB A.		STREET ADDRESS	3725 NW 71ST STREET		CITY-ST-ZIP	MIAMI, FL 33147	
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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: <u><i>[Signature]</i></u> <u>November 2-22-08 (305) 887-1486</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													