

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 -08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000013415**

1. Entity Name  
**MATTALI, LLC**



Principal Place of Business  
**844 NW 9TH AVE.  
FT LAUDERDALE, FL 33311**

Mailing Address  
**844 NW 9TH AVE.  
FT LAUDERDALE, FL 33311**



01102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0100590**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**CARROLL, JAMES E JR.  
C/O HOOVER CANVAS PRODUCTS CO.  
844 N.W. 9TH AVE.  
FT LAUDERDALE, FL 33311**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
CARROLL, JAMES E JR  
2860 NE 28 STREET  
FT. LAUDERDALE, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
CARROLL, THELMA  
2860 NE 28TH STREET  
FT. LAUDERDALE, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000388393  
01/20/06-80003-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**1-10-06**

**954-537-9276**

Date

Daytime Phone #