

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-27-2004 90017 046 ***150.00

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DOCUMENT # L03000014352

1. Entity Name
ALLAM ENTERPRISES LLC



Principal Place of Business
8004 N W 154 STREET # 406
MIAMI, FL 33016 US

Mailing Address
8004 N W 154 STREET # 406
MIAMI, FL 33016 US

2. Principal Place of Business
3862 SW 170 Ave
Suite, Apt. #, etc.

3. Mailing Address
3862 SW 170 Ave.
Suite, Apt. #, etc.



05072004 Chg-LLC CR2E083 (10/03)

City & State
Miramar / FL

City & State
Miramar, FL

4. FEI Number 945 73 5742

Applied For
Not Applicable

Zip Country
33027 Broward

Zip Country
33027 Broward

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLAM, YUSET JR
8004 N W 154 STREET # 406
MIAMI, FL 33016

7. Name and Address of New Registered Agent

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ALLAN, SHEHADEH SR
STREET ADDRESS 8004 NW 154 STREET# 406
CITY-ST-ZIP MIAMI, FL 33016

TITLE MGR ☐ Delete
NAME ALLAM, YUSET JR
STREET ADDRESS 8004 N W 154 STREET # 406
CITY-ST-ZIP MIAMI, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 MGR ☒ Change ☐ Addition
NAME Yuset Allam
STREET ADDRESS 3862 SW 170 Ave.
CITY-ST-ZIP Miramar, FL 33027

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 #

Yuset Allam 04/21/04 (305) 542-6151