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2004 LIMITED LIABILITY COMI	May 03, 2004 8:00	
ANNUAL REPORT	Secretary of Stat	
OCUMENT #1.03000018087	THE TO	Secretary or Stat

1. Entity Name	MENT # L03000018 DINGS II, LLC	087			05-03-2004 90	-	50.00
Principal Place ~335 S.W. 157 POMPANO-BE		Mailing Address 335 S.W. 15TH AVENUE POMPANO BEACH, FL 3				. Jan 🎎 🤻	الله ملك من ال
2. Principal PI	ace of Business  NW 3nd Street  #, etc.	3. Mailing Address  1498 NW 3 Rd Suite, Apt. #, etc.	d Street	04252004		, 	
City & State		City & State		04262004 4. FEI Number	Chg-LLC CF	R2E083 (10/03)	plied For
Deenti	eld Black FL	Deen Field De			0521719	No	t Applicable
3344	2 Country USA	Zip 33442	Country	5. Certificate of	Status Desired 🔲	\$5.00 Add Fee Required	itional 1
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	dress of New Registe	ered Agent	
	WITZ, PAUL		-	ss (P.O. Box Number i	No. Accordate		
	5TH AVENUE BEACH, FL 33069		Sileet Addres	SS (P.O. BOX NUMBER)	s Not Acceptable)		
	·						
			City			FL Zip Code	9
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its r	egistered office or regis	stered agent, or both,	n the State of Florida.	I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	C	DATE	
Fi De	ling Fee is \$50.00 ue by May 1, 2004		,			ck payable to artment of State	
9.	MANAGING MEMBE	<del></del>	10.	26-20	ADDITIONS/CHAI	<del></del>	
TITLE NAME STREET ADDRESS -	HERSHKOWITZ, PAUL -335 S.W. 16TH AVENUE	☐ Delete	TITLE /// NAME /+/ STREET ADDRESS / 4	ershkowl1 198 NW 3	z, Paul	Change	☐ Addition
CITY-ST-ZIP	POMPANO BEACH, FL 33089		CITY-ST-ZIP	eanlield Be	ach 1=6	33442	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have t	he same legal effect as	if made under oath; t	hat I am a managing n	er certify that the in nember or manage	nformation er of the
SIGNAT		OF SIGNENG MANABING MEMBER, MAN	AGER, OR AUTHORIZED DESC	4/26	104 954 Date	782 360	00_
	MAINTONIONE TIPED ON PRINTED NAME (		CARA, OR AVIDURIZED HEFT	IN-PRINCE	l coate	CRAMUS LUGUS #	Į.