

2006

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90044 006 \*\*\*\*50.00

DOCUMENT # L03000018585

1. Entity Name

MANDEL DEVELOPMENT, LLC.



**DO NOT WRITE IN THIS SPACE**

20027121

2. Principal Place of Business

3807 N 29th AVENUE

Suite, Apt. #, etc.

3. Mailing Address

3807 N 29th AVENUE

Suite, Apt. #, etc.

CR2E083B (8/05)

City &amp; State

HOLLYWOOD, FLORIDA

City &amp; State

HOLLYWOOD, FLORIDA

4. FEI Number

55-0835648

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

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

## 7. Name and Address of Current Registered Agent

Name

MARVIN MANDEL

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

3201 NE 183rd STREET, #2601

City

AVENTURA

FL

Zip Code

33160

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
MANDEL, MARVIN  
3201 NE 183rd STREET, #2601  
AVENTURA, FLORIDA 33160**

TITLE  
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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 #

*Marvin Mandel* **MARVIN MANDEL** 4/3/2006 954-922-8500