

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90053 003 \*\*\*\*50.00

**DOCUMENT # L03000021234**

1. Entity Name

**MIBEMY LLC**



Principal Place of Business

Mailing Address

**5850 OAK STREET  
HOLLYWOOD FL 33021**

**5850 OAK STREET  
HOLLYWOOD FL 33021**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**2514 HOLLYWOOD BLVD.**

**2514 HOLLYWOOD BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#100**

**#100**

City & State

City & State

**HOLLYWOOD, FL.**

**HOLLYWOOD, FL.**

Zip

Country

Zip

Country

**33020**

**U.S.A.**

**33020**

**USA**

1st MOORE

CR2E083 (10/06)

4. FEI Number

**20-0040120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYERS, MILTON B.  
5850 OAK ST  
HOLLYWOOD FL 33021**

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

*Milton B. Myers*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MYERS, MILTON B  
5850 OAK STREET  
HOLLYWOOD FL 33021**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Milton B. Myers*

**MILTON B. MYERS  
5850 OAK ST.  
HOLLYWOOD, FL 33021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGING MEMBER, RECEIVER OR TRUSTEE

*1/18/07 (954) 805-8220*

Date

Telephone Phone #