

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90069 009 ****55.00

DOCUMENT # L03000022455

1. Entity Name

LMF, LLC



Principal Place of Business

2221 NE 164TH STREET, SUITE 333
NORTH MIAMI BEACH FL 33160

Mailing Address

2221 NE 164TH STREET, SUITE 333
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

81-0636444

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINE, LAWRENCE M
2221 NE 164TH STREET, SUITE 333
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

~~ST. ANNA~~ LAWRENCE M. FINE

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

~~19370 COLLINS AVE #209~~ SUITE

City

SUNNY ISLES BEACH FL

Zip Code

33160

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE* MANAGER ☐ Delete
NAME LAWRENCE M FINE
STREET ADDRESS 2221 NE 164 ST #333
CITY-ST-ZIP North Miami Beach FL 33160

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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: Lawrence M. Fine LAWRENCE M. FINE

03-01-04

305-466-
3701

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

Date

Daytime Phone #