

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000023492

1. Entity Name
MIRANDAPRO, LLC



FILED

07 JUL -2 AM 11:28

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3401 W. LYKES AVE
TAMPA, FL 33609

Mailing Address
3401 W. LYKES AVE
TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #
1411 N. 11th Street
Suite, Apt. #, etc.

3. Mailing Address
1429 N. 11th Street
Suite, Apt. #, etc.

City & State
Philadelphia, PA
Zip 19122 Country USA

City & State
Philadelphia, PA
Zip 19122 Country USA

06222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2372583
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
BANK OF AMERICA PLAZA, STE. 3000
101 EAST KENNEDY BLVD.
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name James R. DeFuria, Esquire
Street Address (P.O. Box Number is Not Acceptable)
201 E. Kennedy Blvd.
Suite 1460
City Tampa FL Zip Code 33602

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-23-07

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WALSH, CATHERINE M
STREET ADDRESS 3401 W. LYKES AVE
CITY-ST-ZIP TAMPA, FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500106264765
07/17/07--01029--001 **50.00

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Catherine M. Walsh Catherine M. Walsh

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

Date

Daytime Phone #

813-843-5506