

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90018 022 ***138.75

DOCUMENT # L03000023492

1. Entity Name
MIRANDAPRO, LLC



Principal Place of Business

**1411 N 11TH STREET
PHILADELPHIA, PA 19122 US**

Mailing Address

**1429 N 11TH STREET
PHILADELPHIA, PA 19122 US**

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

1415 N. 11th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Philadelphia, PA

City & State

Zip

19122 Philadelphia

Country

01052008 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

**DEFURIO, JAMES R ESQUIRE
201 E. KENNEDY BLVD
SUITE 1400
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Same

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

Same

Suite 775

City

Same

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WALSH, CATHERINE M
3401 W. LYKES AVE
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☒ Change ☐ Addition
**1429 N. 11th Street
Philadelphia, PA 19122**

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

TITLE
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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

January 7, 2007