

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031725

Entity Name: PDQ SUCCESSORS, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1250 EAST HALLANDALE BEACH BLVD
STE 904
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1250 EAST HALLANDALE BEACH BLVD
STE 904
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 20-0194860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARC BIRNBAUM, P.A.
1031 IVES DAIRY RD, STE 228
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABRAMSON, GARY
Address: 1250 EAST HALLANDALE BEACH BLVD, STE. 904
City-St-Zip: HALLANDALE, FL 33009

Title: MGR () Delete
Name: CLEEMAN, RAYMOND
Address: 1250 EAST HALLANDALE BEACH BLVD, STE. 904
City-St-Zip: HALLANDALE, FL 33009

Title: MGR () Delete
Name: CLEEMAN, MICHAEL
Address: 1250 EAST HALLANDALE BEACH BLVD, STE. 904
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAN ABRAMSON

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date