

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000032241

1. Entity Name  
MR. CHOW OF MIAMI, LLC



Principal Place of Business  
9538 BRIGHTON WAY, STE. 316  
BEVERLY HILLS, CA 90210

Mailing Address  
9538 BRIGHTON WAY, STE. 316  
BEVERLY HILLS, CA 90210



04082005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0180287

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
SITTERSON, P.A. C/O RICHARD E. SCHATZ  
150 W. FLAGLER ST, 2200 MUSEUM TOWER  
MIAMI, FL 33130

**DO NOT WRITE  
IN THIS SPACE**

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 req. (and when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CHOW, MICHAEL  
9538 BRIGHTON WAY # 316  
BEVERLY HILLS, CA 90210

000000308638  
04/16/05-80005-016 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:** \_\_\_\_\_

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

04-12-05  
DAY

Daytime Phone # \_\_\_\_\_