

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 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**



01042007 No Chg-LLC

CR2E083 (11/05)

**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**

B. 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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

U00000587690  
01/17/07-80043-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

1-8-07 (310) 385-8340