2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 10, 2006 08:00 AM Secretary of State

ARNOAL REPORT					Secretary of State			
DOCUMENT # L03000041077 1. Entity Name						Secre	tary of St	ate
MENEND	EZ, LLC		}					
Principal Plac	e of Business	Mailing Address	}		1			
1390 SOUTH DIXIE HIGHWAY		1390 SOUTH DIXIE HIGHWAY						
1105		1105		}				
CORAL GABLES, FL 33146		CORAL GABLES, FL 33146				NI SENI BIBS NON EBSSI (BESSI IB	1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252008	Chg-LLC	CR2E083 (11/05)	
City & State		City & State	}		4. FEI Numi 56-248		—	oplied For of Applicable
Zip	Country	Z'p	Coun	try	5. Certificat	e of Status Desired	S5.00 Ad	ditional
	6. Name and Address of Current F	Registered Agent	1		7. Name an	d Address of New F		<u> </u>
~~~			}	Name				
	AGENT SERVICES CE DE LEON BOULEVARD	- , <u>-</u> .	}	Street Address	(P.O. Bax Numb	per is Not Acceptabl	e)	
	ABLES, FL FL		}					
			}	City			FL Zip Coo	le
8. The above	named entity submits this statement for	the purpose of changing its	s registere	ad office or registe	red agent, or b	oth, in the State of Fi	orlda. I am familiar with,	and accept
ine obligat	ions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title if applicable (NO)	TE Registere	d Agent signature requires	(gritateries neriw b		DATE	
			<del></del> -			[		
Filing Fee is \$50.00 Due by May 1, 2006			}	,			te check payable to a Department of Stat	te
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE	MGR	☐ Delete	TITLE	1			☐ Chang <del>o</del>	Addition 🔲
NAME STREET ADDRESS	WHITE, HAROLD D   1390 SOUTH DIXIE HIGHWAY, <u>S</u>		MAM	E Et address		<b>000</b> 00	0429459	
CITY-ST-2P CORAL GABLES, FL 33146		<u>o</u> ne 1105 -	) <b>2</b>	-SF-ZIP		02/22/06	-80009-005 50	.00
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NAME		III books	NAM	<u> </u>				
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Csty-st-zsp			<del></del>	·SI-ZIP	· · · · · · · · · · · · · · · · · · ·			
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STREET ADDRESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP			3 1	-\$7-ZIP				
11. I hereby	certify that the Information supplied with	this filing does not qualify fo	ar the exe	mptions contained	in Chapter 119	), Florida Statutes. 15	urther certify that the infe	ormation
indicated limited lia	certify that the Information supplied with lon this report is true and accurate and t ibility company or the receiver or trustee	hat my signature shall have empowered to execute this	the same	s legal effect as if <i>i</i> s required by Char	made under oat ster 608. Florida	ih; that i am a mana Statutes. ——	ging member or manag	er of the
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