


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90364 004 ****50.00

DOCUMENT # L03000041077 1. Entity Name MENENDEZ, LLC					
Principal Place of Business 1390 SOUTH DIXIE HIGHWAY 1105 CORAL GABLES, FL 33146			Mailing Address 1390 SOUTH DIXIE HIGHWAY 1105 CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box # 500 S. Dixie Hwy		3. Mailing Address 11			
Suite, Apt. #, etc. Ste. 307		Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State			
Zip 33146		Zip		Country	
Country		Country		4. FEI Number 56-2483008	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent STEWART AGENT SERVICES 2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Harold White</i></u> DATE <u>5-7-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, HAROLD D 1390 SOUTH DIXIE HIGHWAY, SUITE 1105 CORAL GABLES, FL 33146	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> 500 S. Dixie Hwy Ste. 307 Coral Gables, FL 33146 </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Harold White</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 5-7-07		Daytime Phone # 305 740-5799	