

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000041313

1. Entity Name

M./D. ISAACSON, LLC



Principal Place of Business

8551 S. FLORIDA AVENUE
FLORAL CITY FL 34436

Mailing Address

POST OFFICE BOX 613
FLORAL CITY FL 34436



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0469649

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAACSON, DONALD E
8551 S. FLORIDA AVENUE
FLORAL CITY FL 34436

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: MGRM ☐ Delete
NAME: ISAAACSON, MICHAEL S
STREET ADDRESS: 8551 S. FLORIDA AVENUE
CITY - ST - ZIP: FLORAL CITY FL 34436

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: 100000415881
CITY - ST - ZIP: 02/11/06-80100-007 50.00

TITLE: MGRM ☐ Delete
NAME: ISAACSON, DONALD E
STREET ADDRESS: 8551 S. FLORIDA AVENUE
CITY - ST - ZIP: FLORAL CITY FL 34436

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY - ST - ZIP: ☐ Change ☐ Add

TITLE: ☐ Delete
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TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY - ST - ZIP: ☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donald E. Isaacson* **RONALD E. ISAACSON** **JAN 31, 2006** **352-344-3428**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #