

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042393

1. Entity Name
MACINTYRE FAMILY, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 2:50

Principal Place of Business
1835 SOUTH BAYSHORE DRIVE
MIAMI, FL 33133

Mailing Address
1835 SOUTH BAYSHORE DRIVE
MIAMI, FL 33133



04132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0572482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACINTYRE, ALEXANDER C
1835 SOUTH BAYSHORE DRIVE
MIAMI, FL 33133

**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 required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

100131814241
06/27/08--01032--013 **138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MACINTYRE, LILLIAS S
STREET ADDRESS 1835 S BAYSHORE DR
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGRM
NAME MACINTYRE, MARK A
STREET ADDRESS 1835 S BAYSHORE DR
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGRM
NAME MACINTYRE, WILLIAM S
STREET ADDRESS 1835 S BAYSHORE DR
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGRM
NAME MACINTYRE, DOLLY S
STREET ADDRESS 1835 S BAYSHORE DR
CITY-ST-ZIP MIAMI, FL 33133

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 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

Lillias MacIntyre

4/14/08

Date

305.904.0229

Daytime Phone #