

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90012 037 ***138.75

50006164



02162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000044389 1. Entity Name MIMISA #3, LLC																													
Principal Place of Business 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016			Mailing Address 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Zip Country			4. FEI Number 20-0427989																										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 6. Name and Address of Current Registered Agent PINA, MIGUEL 8295 NW 157TH TERRACE MIAMI LAKES, FL 33016 </div> <div style="width: 45%;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																											
<div style="display: flex;"> <div style="width: 50%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PINA, MIGUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8295 NW 157TH TERRACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI LAKES, FL 33016</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	PINA, MIGUEL		STREET ADDRESS	8295 NW 157TH TERRACE		CITY - ST - ZIP	MIAMI LAKES, FL 33016		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <div style="float: right; text-align: right;"> 15-23-08 Date _____ Days/Phone # _____ </div>																													