
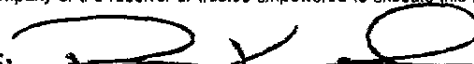


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050727		
1. Entity Name SCHIFFNER & KOWAL, LLC		
Principal Place of Business 6126 N.W. 120TH TERR. CORAL SPRINGS, FL 33076	Mailing Address 6126 N.W. 120TH TERR. CORAL SPRINGS, FL 33076	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KOWAL, PETER 6126 N.W. 120TH TERR. CORAL SPRINGS, FL 33076		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIFFNER ENTERPRISES, INC. 6126 N.W. 120TH TERR. CORAL GABLES, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOWAL, INC. 6126 N.W. 120TH TERR. CORAL GABLES, FL 33076	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		05/13/06-80072-016 50.00 04/26/06 (PSA) 344-2576 <small>Date Daytime Phone #</small>



03172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0234385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required