

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90279 021 ****50.00

DOCUMENT # L03000057077

1. Entity Name
MEASA II, L.L.C.



Principal Place of Business
3420 W. HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL 33023

Mailing Address
3420 W. HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL 33023

20040000



DO NOT WRITE IN THIS SPACE

03032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1506070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSCOVITCH, AARON
3420 W. HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL 33023

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOSCOVITCH, AARON
3420 W. HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOSCOVITCH, STEVEN
3420 W. HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

4-05-05

954-989-9480