

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 19, 2006 08:00 AM
Secretary of State

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



06062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 resigning)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 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

6/12/06

Date

Daytime Phone #