Pat Midas 904 892 4095

FILED
Aug 23, 2004 8:00 am
Secretary of State
04-29-2004 90061 023 ***150.00
08-23-2004 90150 013 ****55.00

24080626

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057286

1. Entity Name
PAT MIDAS, LTD. COMPANY

Principal Place of Business	Mailing Address
9600 HUSKENS AVENUE HASTINGS, FL 32145-4807	9600 HUSKENS AVENUE HASTINGS, FL 32145-4807

08022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 592635774 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GENTILE, JOHN D CPA 1601 N. PALM AVENUE, SUITE 212 PEMBROKE PINES, FL 33026	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MIDAS, PATRICK W JR. 9600 HUSKENS AVENUE HASTINGS, FL 321454807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5041381124 63 04/29/04 90061 023 $150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MIDAS, NANCY SIVILLA LANE FT. LAUDERDALE, FL 333245903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TROTTA, CHRISTINE 5760 SW 47 STREET DAVIE, FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 8/19/04 904-591-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
24080626

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 2, 2004

PAT MIDAS, LTD. COMPANY
9600 HUSKENS AVENUE
HASTINGS, FL 32145-4807

SUBJECT: PAT MIDAS, LTD. COMPANY
Ref. Number: L03000057286

We have received your document for PAT MIDAS, LTD. COMPANY and your check(s) totaling $150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached 2004 Annual Report for this Limited Liability Company, the form submitted is for a Corporation. The filing fee is$50.00, an application for refund has been submitted for processing, please allow 90 days.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges

Registration/Qualification Section
Division of Corporations Letter Number: 704A00048164

Pat Midas 904 892 4050

04-29-2004 90061 023 ***150.00
L03000057286

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment
wrong form
LC NOT CORP
[redacted]
240800054

DOCUMENT # L03000057286

1. Entity Name: PAT MIDAS, LTD. Company

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9600 Hastings Ave	3. Mailing Address: 9600 Hastings Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hastings, FL	City & State: Hastings, FL
Zip: 32145-4807 County: Broward	Zip: 32145-4807 Country: Broward

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MGR
NAME	Midas, Armand W Jr.
STREET ADDRESS	9600 Hastings Ave.
CITY-ST-ZIP	Hastings, FL 32145-4807
TITLE	MGRM
NAME	Midas, Nancy
STREET ADDRESS	9320 Sevilla Lane
CITY-ST-ZIP	Fort Lauderdale, FL 33324-5903
TITLE	MGRM
NAME	Tretta, Christine
STREET ADDRESS	6760 SW 41 Street
CITY-ST-ZIP	Davie, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034E (12/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/26/04

(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

Attachment 2408062[illegible]

[redacted]

#L03000057286

Subj: RE: Limited Liability Company
Date: 6/17/2004 8:18:47 AM Eastern Standard Time
From: corphelp@dos.state.fl.us
To: Trackergdj@aol.com

If this is the case, please simply leave this portion of the form blank. Our records are image for public view, this is information was do not was displayed.

Gina
Internet Access
Division of Corporations

-----Original Message-----
From: Trackergdj@aol.com [mailto:Trackergdj@aol.com]
Sent: Wednesday, June 16, 2004 7:03 PM
To: corphelp@mail.dos.state.fl.us
Subject: Limited Liability Company

I submitted my annual report but it was returned because I used a social security number. It was my understanding from the IRS that if the LLC had only one owner, that a Federal ID number was not required and that the social security number could be used.

Please advise me of the rule.

Thank you in advance.

John D. Gentile

Attachment [redacted] 240800026
#L03000057286

PATRICK W. MIDAS, SR.
5520 SEVILLA LANE 954-382-3403
FORT LAUDERDALE, FL 33324

2729

DATE 4/24/04

PAY TO THE ORDER OF Florida Dept. of State $ 150.00

One hundred fifty dollars & 00/100 — DOLLARS

Regent Bank
Davie, Florida 33324

MEMO UBR 2004

PAT MIDAS LTD. Company

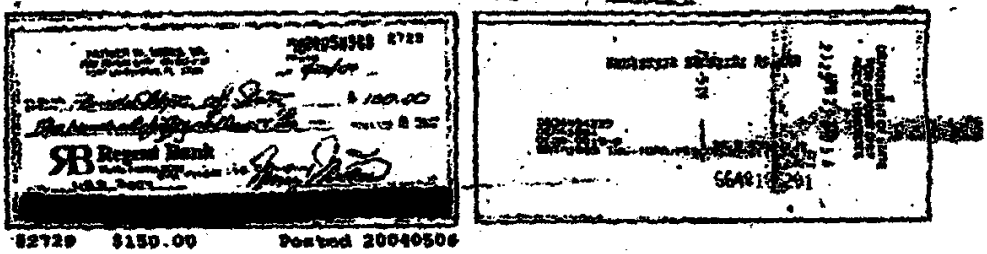
[redacted]

Pat Hicks

Attachment 24080026

[redacted]

#L030000057286



82729 $150.00 Posted 20040506

[redacted]