

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90430 027 ***150.00

DOCUMENT # L04000037412

1. Entity Name

TOO DEE, LLC



Principal Place of Business

5151 N.W. 165TH STREET
MIAMI LAKES FL 33014

Mailing Address

5151 N.W. 165TH STREET
MIAMI LAKES FL 33014

2. Principal Place of Business

5151 NW 165 Street
Suite, Apt. #, etc.

3. Mailing Address

5151 NW 165 Street
Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

4. FEI Number

20-1147707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETER LINDLEY
1200 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432

7. Name and Address of New 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE DP ☐ Delete
NAME CHAO, TAI M
STREET ADDRESS 12177 NW 9TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VD ☐ Delete
NAME ROSA, BARRY
STREET ADDRESS 10210 NW 5TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE T ☐ Delete
NAME CHAO, YI-HSIU L
STREET ADDRESS 12177 NW 9TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Section 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: Yi-Hsiu L Chao

2/7/06