FILED
May 31, 2005 8:00 am
Secretary of State

05-04-2005 90035 001 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000041553

1. Entity Name
MIGUN OF BOCA, LLC

30008154

Principal Place of Business	Mailing Address
~~5303 BUCKHEAD CIRCLE~~ ~~BOCA RATON, FL 33486~~	~~5303 BUCKHEAD CIRCLE~~ ~~BOCA RATON, FL 33486~~

2. Principal Place of Business	3. Mailing Address
2621 N Federal Hwy	SAME
Suite, Apt. #, etc.: #13 N	Suite, Apt. #, etc.
City & State: Boca Raton Fl	City & State
Zip: 33431 Country: Palm Bch	Zip / Country

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-1200968 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANTHONY, LAURA ESQ.
330 CLEMATIS STREET
SUITE 217
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: DALE J. BEISSON
Street Address (P.O. Box Number is Not Acceptable): 1115 Highland Bch Drive
City: Highland Bch FL Zip Code: 33487

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: Dale J Beisson   4/28/05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Beisson Dale ~~[illegible]~~ 2621 N Fed. Hwy #M ~~[illegible]~~ Boca Raton Fl 33431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM George Secchiaroli 2621 N Fed Hwy #M Boca Raton Fl. 33431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Dale J. Beisson pres   4/28   561 929-0137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #