

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060931

FILED  
Jul 27, 2005  
Secretary of State

Entity Name: MEJULE, LLC

**Current Principal Place of Business:**

10211 LONE STAR PLACE  
DAVIE, FL 33328

**New Principal Place of Business:**

2366 W. 78TH ST  
HIALEAH, FL 33016

**Current Mailing Address:**

10211 LONE STAR PLACE  
DAVIE, FL 33328

**New Mailing Address:**

2366 W. 78TH ST  
HIALEAH, FL 33016

FEI Number: 20-1508219      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MENA, ARMANDO  
10211 LONE STAR PLACE  
DAVIE, FL 33328      US

**Name and Address of New Registered Agent:**

MENA, ARMANDO  
2366 W. 78TH ST.  
HIALEAH, FL 33016      US

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.

SIGNATURE: ARMANDO MENA

07/27/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MENA, ARMANDO  
Address: 10211 LONE STAR PLACE  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES:**

Title: PRED      (X) Change      ( ) Addition  
Name: ARMANDO, MENA  
Address: 2366 W. 78TH ST  
City-St-Zip: HIALEAH, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ARMANDO MENA

PRES

07/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date