

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90145 021 \*\*\*138.75

**DOCUMENT # L04000066279**

1. Entity Name  
**MILAN CENTER, LLC**



Principal Place of Business

**7117 PELICAN BAY  
1508  
NAPLES, FL 34108**

Mailing Address

**C/O BLUNDEN & ASSOCIATES, P.C.  
14600 FARMINGTON RD., SUITE 105  
LIVONIA, MI 48154**

**50007106**



2. Principal Place of Business - No P.O. Box #

**300 5th Ave S.**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 221**

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

Zip

**34102**

Country

Zip

Country

05202008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**73-1717661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAHIM, MAHMOUD  
7117 PELICAN BAY  
1508  
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name

**RAHIM, MAHMOUD**

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

**300 5th Ave. S. #221**

City

**Naples**

**FL**

Zip Code

**34102**

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 \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
RAHIM, MAHMOUD  
7117 PELICAN BAY, #1508  
NAPLES, FL 34108**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ABDULHUSSAIN, RAYA H  
7117 PELICAN BAY, #1508  
NAPLES, FL 34108**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**300 5th Ave S #221 Naples, FL  
34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**300 5th Ave S #221 Naples, FL  
34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*m. Rahim*

5/20/08

2489433129