

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000078491

1. Entity Name
MEL BEACH LLC



Principal Place of Business
**522 N LAKESIDE DR
LAKE WORTH, FL 33460**

Mailing Address
**522 N LAKESIDE DR
LAKE WORTH, FL 33460**



02282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1823302

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RING, ERIK
522 N LAKESIDE DR
LAKE WORTH, FL 33460**

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IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RING, ERIK M
STREET ADDRESS	522 N LAKESIDE DR
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	MGRM
NAME	RING, SUSAN
STREET ADDRESS	522 N LAKESIDE DR
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	MGRM
NAME	ALLOCCO, MARC T
STREET ADDRESS	103 NE 12TH STREET
CITY- ST- ZIP	DELRAY BEACH, FL 33444
TITLE	MGRM
NAME	ALLOCCO, CHERAN
STREET ADDRESS	103 NE 12TH STREET
CITY- ST- ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000538589
05/09/06-80066-002 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/22/06 *561 493-3269*
Date Daytime Phone #