

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90057 001 ****50.00

DOCUMENT # L04000084128

1. Entity Name
WAFFLE VENTURES, LLC



Principal Place of Business
**13661 DEERING BAY DRIVE
CORAL GABLES, FL 33158**

Mailing Address
**13661 DEERING BAY DRIVE
CORAL GABLES, FL 33158**

DO NOT WRITE IN THIS SPACE



01062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-2073853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLATT, PETER
C/O PETER BLATT, ESQ.
800 VILLAGE SQUARE CROSSING, SUITE 204
PALM BEACH GARDENS, FL 33410**

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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 renaming)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FISHMAN, ALLAN
13661 DEERING BAY DRIVE
CORAL GABLES, FL 33158**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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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: *Alan Fishman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/8/07 (305) 325-5910