

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90037 039 ***138.75

DOCUMENT # L05000001253

1. Entity Name
M&J PALMETTO L.L.C.



Principal Place of Business
**20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US**

Mailing Address
**20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US**

60034712



2. Principal Place of Business - No P.O. Box #
**7150 W 20TH AVE
Suite, Apt. #, etc. M-131**

3. Mailing Address
**20431 NE 7TH CT
Suite, Apt. #, etc.**

04252008 Chg-LLC CR2E083 (12/06)

City & State
Hialeah FL

City & State
MIAMI

4. FEI Number
20-2106106

Applied For
Not Applicable

Zip
33016

Country
USA

Zip
33179

Country
Dade

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

6. Name and Address of Current Registered Agent

**ARS & ASSOCIATES INC.
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VARDARAMATOS, GERASSIMOS
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

04/28/08

Date

305 4930500

Daytime Phone #