

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000016727 1. Entity Name KOMAIHA FAMILY, L.L.C.	
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Principal Place of Business 6256 N.W. 71ST TERRACE PARKLAND, FL 33067 US	Mailing Address 6256 N.W. 71ST TERRACE PARKLAND, FL 33067 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2351075	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOMAIHA, HAMED A 6256 N.W. 71ST TERRACE PARKLAND, FL 33067
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

0000000329682
05/21/08-80078-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOMAIHA, HAMED A 6256 N.W. 71ST TERRACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOMAIHA, JOCELYN 6256 N.W. 71ST TERRACE PARKLAND, FL 33067
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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: X  **4/15/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #