

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000020970**

1. Entity Name  
**MECCA-RYAN II, L.C.**



Principal Place of Business  
**7965 LANTANA ROAD  
LAKE WORTH, FL 33467**

Mailing Address  
**P.O. BOX 540669  
LAKE WORTH, FL 33454**



01142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1245557**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GARY SMIGIEL, L.C.  
7965 LANTANA ROAD  
LAKE WORTH, FL 33467**

**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 \_\_\_\_\_

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**

000000898617  
04/28/08-80003-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GARY SMIGIEL, L.C.
STREET ADDRESS	P.O. BOX 540669
CITY-ST-ZIP	LAKE WORTH, FL 33454
TITLE	MGRM
NAME	TROPICAL LAND DESIGN INC.
STREET ADDRESS	P.O. BOX 541779
CITY-ST-ZIP	LAKE WORTH, FL 33454
TITLE	MGRM
NAME	RYAN INCORPORATED SOUTHERN
STREET ADDRESS	786 S. MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGRM
NAME	SABARA, LLC
STREET ADDRESS	2255 GLADES ROAD, SUITE 218-A
CITY-ST-ZIP	BOCA RATON, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

Date

Daytime Phone #

**5/1/08**  
**GARY SMIGIEL**  
**3105 4-3-08**