

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

02-20-2006 90146 032 ****50.00
05-03-2006 90031 023 ****50.00

60033440



04262006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000029794 1. Entity Name MERIC, LLC					
Principal Place of Business 3731 LAKE WORTH ROAD LAKE WORTH, FL 33461			Mailing Address 3731 LAKE WORTH ROAD LAKE WORTH, FL 33461		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2659050	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAN PEDRO, BENEDICTO 3731 LAKE WORTH ROAD LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Benedicto San Pedro 3731 Lake Worth Road, Suite 1 Lake Worth, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nancy San Pedro 3731 Lake Worth Road, Suite 1 Lake Worth, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <i>Nancy San Pedro</i>			Nancy San Pedro Managing Member		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/24/06		Daytime Phone # (561)967-0234

ATTACHMENT 60035428
L05000029794

3/29/06

To Whom it May Concern;

Attached is our annual Report

& another check! Please Return the
1st one.

We already filed this
2/5/06. but it didn't clear
I guess.

Thank you

W. San Pedro

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT 6 0035428

DOCUMENT # L05000029794

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MERIC, LLC



Principal Place of Business
3731 LAKE WORTH ROAD
LAKE WORTH, FL 33461

Mailing Address
3731 LAKE WORTH ROAD
LAKE WORTH, FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006

Chg-LLC

CR2E083 (11/05)

MERIC LLC
BSP/NSP A/C
8144 DESMOND DR
BOYNTON BEACH, FL 33437-5011

WCMA Working Capital Management Account 302

DATE 2/5/06

25-80/440

PAY TO THE
ORDER OF

Fla. Dept of State

\$ 50.00 / 100

Fifty Dollars 00/100

DOLLARS



8. Merrill Lynch

SK Doc # L05000029794

Marcy San Pedro

0044000804: 041124065989 0302

Applied For
Not Applicable

☐ \$5.00 Additional
Fee Required

Registered Agent

FL

Zip Code

rida. I am familiar with, and accept

DATE

check payable to
Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

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

Date

Daytime Phone #

2/5/06