

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000029935**

1. Entity Name  
**MARCHMEN HOLDINGS AND PROPERTY MANAGEMENT  
LLC**



Principal Place of Business  
**5591 SW 114 AVENUE  
COOPER CITY, FL 33330**

Mailing Address  
**5591 SW 114 AVENUE  
COOPER CITY, FL 33330**



01262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0256643**

Applied For  
Not Applicable

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

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

**PEREZ, GUILLERMO  
5591 SW 114 AVENUE  
COOPER CITY, FL 33330**

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

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

**9. MANAGING MEMBERS/MANAGERS**

|                |                       |
|----------------|-----------------------|
| TITLE          | MGRM                  |
| NAME           | PEREZ, GUILLERMO      |
| STREET ADDRESS | 5591 SW 114 AVENUE    |
| CITY-ST-ZIP    | COOPER CITY, FL 33330 |
| TITLE          | MGRM                  |
| NAME           | MENDEZ, VICTOR        |
| STREET ADDRESS | 1816 S.W. 101 AVE     |
| CITY-ST-ZIP    | DAVIE, FL 33324       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

U00000614984  
02/06/07-80053-011 50.00

**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 #