


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

02-27-2006 90430 021 ****50.00

DOCUMENT # L05000033805					
1. Entity Name PARALLELE II FURNITURE SERVICE, LLC					
Principal Place of Business 8001 N.W. 54 STREET MIAMI FL 33166			Mailing Address 6401 W FALCONS LEA DRIVE DAVIE FL 33331		
2. Principal Place of Business		3. Mailing Address 8001 NW 54 St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL		4. FEI Number 59-4281926	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
33166	USA	33166	USA		
6. Name and Address of Current Registered Agent SELTZER, ANA M 10049 N.W. 89TH AVE BAY #2 MEDLEY FL 33178				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 8001 NW 54 Street	
				City Miami	
				State FL	
				Zip Code 33166	
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 Ana M Seltzer				DATE 2-16-06	
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)					
<p>FILE NOW!!! FEE IS \$50.00</p> <p>Make Check Payable to Florida Department of State</p> <p>Due By May 1, 2006</p>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELTZER, ANA M			NAME	
STREET ADDRESS	6401 W FALCONS LEA DR			STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33331			CITY - ST - ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, JAIRO F			NAME	
STREET ADDRESS	1350 S.W. 122 AVE, APT 208			STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33184			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ana Seltzer				DATE: 2-16-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	



ATTACHMENT

30002964

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

PARALLELE II FURNITURE SERVICE, LLC
6401 W FALCONS LEA DRIVE
DAVIE, FL 33331

Subject: PARALLELE II FURNITURE SERVICE, LLC

Reference Number: L05000033805

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION