

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90036 005 ***138.75

DOCUMENT # L05000033805

1. Entity Name

PARALLELE II FURNITURE SERVICE, LLC



Principal Place of Business

8001 N.W. 54 STREET
MIAMI FL 33166
US

Mailing Address

8001 NORTHWEST 54TH STREET
MIAMI FL 33166
US



2. Principal Place of Business - No P.O. Box #
8029 NW 54 St.

3. Mailing Address

8029 NW 54 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Doral, FL

City & State

Doral, FL

4. FEI Number

59-4281926

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELTZER, ANA M
8001 NORTHWEST 54 STREET
MIAMI FL 33166

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SELTZER, ANA M
STREET ADDRESS 6401 W FALCONS LEA DR
CITY-ST-ZIP DAVIE FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MIRANDA, JAIRO F
STREET ADDRESS 1350 S.W. 122 AVE, APT 208
CITY-ST-ZIP MIAMI FL 33184

TITLE ☒ Change ☐ Addition
NAME Jairo Miranda
STREET ADDRESS 270 S.W. 69 Ave
CITY-ST-ZIP Miami FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

2/8/08 305-470-8393