

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000033805

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** PARALLELE II FURNITURE SERVICE, LLC

**Current Principal Place of Business:**

8029 NW 54 ST  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8029 NW 54 ST  
MIAMI, FL 33166 US

**New Mailing Address:**

**FEI Number:** 59-4281926      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SELTZER, ANA M  
8001 NORTHWEST 54 STREET  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SELTZER, ANA M  
Address: 6401 W FALCONS LEA DR  
City-St-Zip: DAVIE, FL 33331

Title: MGRM  
Name: MIRANDA, JAIRO F  
Address: 270 SW 69 AVE  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date