

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

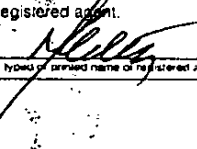
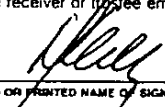
FILED
Mar 13, 2006 8:00 am
Secretary of State

02-17-2006 90019 043 ****55.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000033999			
1. Entity Name M.E. OF SOUTH FLORIDA II, LLC			
Principal Place of Business 38 EAST 5TH STREET HIALEAH FL 33010		Mailing Address 38 EAST 5TH STREET HIALEAH FL 33010	
2. Principal Place of Business		3. Mailing Address 38 EAST 5th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah		City & State FL	
Zip 33010	Country USA	Zip	Country
4. FFI Number 302683561		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ESTEVEZ, MIRIAM 38 EAST 5TH STREET HIALEAH FL 33010		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$50.00		Make Check Payable to Florida Department of State	
Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ESTEVEZ, MIRIAM 38 EAST 5TH STREET HIALEAH FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	