

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90010 027 ****50.00

DOCUMENT # L05000043849

1. Entity Name
EDAL INVESTMENTS, L.L.C.



Principal Place of Business
**6400 N. ANDREWS AVENUE, STE. 505
FT. LAUDERDALE, FL 33309-9112**

Mailing Address
**6400 N. ANDREWS AVENUE, STE. 505
FT. LAUDERDALE, FL 33309-9112**

2. Principal Place of Business

3. Mailing Address

7811 NW, 4th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION, FL

Zip

Country

Zip

Country

33324

U.S.

03282006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2787305

Applied For

Not Applicable

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

**CPC ACCOUNTING SERVICES
2800 GLADES CIRCLE, STE. E-182
WESTON, FL 33327**

Name

Street Address (P.O. Box Number is Not Acceptable)

11904 MIRAMAR PKWY

City **MIRAMAR**

FL

Zip Code

33025

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

3/28/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☒ Addition
**MGM
ALFREDO LEON
7811 NW, 4th STREET
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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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 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]

3/28/06

DATE

(754) 234-0871

PHONE #