

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000051381**

1. Entity Name  
**SIMMS STREET, LLC**



Principal Place of Business  
**1600 SOUTH OCEAN DRIVE, APARTMENT 61  
HOLLYWOOD, FL 33019**

Mailing Address  
**1600 SOUTH OCEAN DRIVE, APARTMENT 61  
HOLLYWOOD, FL 33019**



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2947119**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SAMUEL SPENCER BLUM, ESQUIRE  
2666 TIGERTAIL AVENUE, SUITE 106  
COCONUT GROVE, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TOOMEY, JOSEPH M  
1600 SOUTH OCEAN DRIVE, APARTMENT 61  
HOLLYWOOD, FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TOOMEY, MARY LOU  
1600 SOUTH OCEAN DRIVE, APARTMENT 61  
HOLLYWOOD, FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000780448  
01/14/08-80022-012 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Joseph M. Toomey* JOSEPH M. TOOMEY MGR 1-8-08**

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

Date

Daytime Phone #