

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-13-2006 90194 029 *****50.00

DOCUMENT # L05000077448



1. Entity Name

MERRISTOCK, LLC

Principal Place of Business

2781 NW 26 AVENUE
OAKLAND PARK FL 33311
US

Mailing Address

2781 NW 26 AVENUE
OAKLAND PARK FL 33311
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3460242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER STREET
SUITE 675
MIAMI FL 33130

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MERRITT, PAMELA
STREET ADDRESS 2781 NW 26 AVENUE
CITY-ST-ZIP OAKLAND PARK FL 33311

TITLE MGRM ☐ Delete
NAME MERRITT, ROSE
STREET ADDRESS 2781 NW 26 AVENUE
CITY-ST-ZIP OAKLAND PARK FL 33311

TITLE MGRM ☐ Delete
NAME MERRITT, GORDON
STREET ADDRESS 2781 NW 26 AVENUE
CITY-ST-ZIP OAKLAND PARK FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Mettaffey, Portia
STREET ADDRESS 10111 NW 2nd Street
CITY-ST-ZIP Coral Springs, FL 33071

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

1-30-06

954-592-4561