

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90040 025 ****50.00

DOCUMENT # L05000094084

1. Entity Name

MODEL & SOLEYMANI DEVELOPMENT, LLC



Principal Place of Business

**1633 RACETRACK RD
SUITE #1
JACKSONVILLE, FL 32259 US**

Mailing Address

**1633 RACETRACK RD
SUITE #1
JACKSONVILLE, FL 32259 US**

DO NOT WRITE IN THIS SPACE



04162007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3526210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARQUINEZ, ROMUALDO C JR
3733 UNIVERSITY BOULEVARD WEST
SUITE 210B
JACKSONVILLE, FL 32217**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOLEYMANI, SAMAN
STREET ADDRESS	1633 RACETRACK ROAD SUITE #1
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGRM
NAME	MODEL, DMITRIY
STREET ADDRESS	1633 RACETRACK ROAD SUITE #1
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

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

Date

Daytime Phone #

2007 Limited Liability Company Annual Report
ATTACHMENT

Document #:

L05000094084

40088526

Entity Name:

M. del S. Salzman Development, LLC

Current Principal Place of Business

New Principal Place of Business:

Current Mailing Address:

New Mailing Address:

FBI Number: 20-3526210 FBI Number Applied For () FBI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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:

[Signature]
MEMBER/MEMBER-MANAGER

Date:

4/11/07

ADDITIONS/CHANGES TO MEMBER/MEMBER-MANAGER:

() Delete
Title: Partner
Name: Samuel Salzman
Address: 396 N. Lombardy L-4
City-St-Zip: Jay FL 32579

() Delete
Title: Partner
Name: Dr. M. del S. Salzman
Address: _____
City-St-Zip: _____

() Delete
Title: _____
Name: _____
Address: _____
City-St-Zip: _____

() Delete
Title: _____
Name: _____
Address: _____
City-St-Zip: _____

() Delete
Title: _____
Name: _____
Address: _____
City-St-Zip: _____

() Change () Addition
Title: _____
Name: _____
Address: _____
City-St-Zip: _____

() Change () Addition
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Address: _____
City-St-Zip: _____

() Change () Addition
Title: _____
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an address, with all other like empowered.

Signature

Title

Date