

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90349 009 ****50.00

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1. Entity Name
ANCILLARY PATHWAYS, LLC.

Principal Place of Business
**7533 SW 58TH AVENUE
MIAMI, FL 33143**

Mailing Address
**7533 SW 58TH AVENUE
MIAMI, FL 33143**

60037055



2. Principal Place of Business - No P.O. Box #

7000 SW 62nd Ave

3. Mailing Address

7000 SW 62nd Ave

Suite, Apt. #, etc.

Suite PH C

Suite, Apt. #, etc.

Suite PH C

City & State

South Miami FL

City & State

South Miami FL

Zip

33143

Country

USA

Zip

33143

Country

USA

04102007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-3737698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAICHEK, LAWRENCE A ESQ.
601 BRICKELL KEY DRIVE
SUITE 505
MIAMI, FL 33131**

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

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **YAZIJI, HADI**
STREET ADDRESS **7533 SOUTHWEST 58TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **7000 SW 62nd Ave, Suite PH C**
CITY-ST-ZIP **South Miami, FL 33143**

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **Saiz, Enma**
CITY-ST-ZIP **7000 SW 62nd Ave, Suite PH-C**
South Miami, FL 33143

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 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:

Hadi Yaziji

4/11/07

305-740-4440

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

Date

Daytime Phone #