

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-16-2007 90184 040 ****50.00

DOCUMENT # L05000123478	
1. Entity Name MIDDAGH LAW GROUP, P.L.	

Principal Place of Business 8470 S.W. 8TH STREET MIAMI FL 33144 US	Mailing Address 8470 S.W. 8TH STREET MIAMI FL 33144 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 01-0852734	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MIDDAGH, RICHARD K 8470 S.W. 8TH STREET MIAMI FL 33144

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.

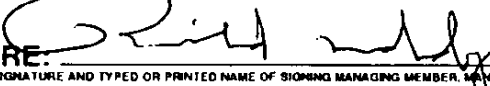
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR MIDDAGH, RICHARD K 8470 S.W. 8TH STREET MIAMI FL 33144 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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 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:  2/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE