

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L05000123706

1. Entity Name

MIMS PROPERTY DEVELOPMENT, LLC



Principal Place of Business

3001 HALLANDALE BEACH BLVD. #300
PEMBROKE PARK, FL 330 09

Mailing Address

3001 HALLANDALE BEACH BLVD. #300
PEMBROKE PARK, FL 330 09



03072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

74-3155571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAZAYRI, SAM
3001 HALLANDALE BEACH BLVD. #300
PEMBROKE PARK, FL 33009

**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 MGRM
NAME JAZAYRI, SAM
STREET ADDRESS 3001 HALLANDALE BEACH BLVD. #300
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE MGRM
NAME YAMINI, MOJTABA A
STREET ADDRESS 1542 S. DIXIE HWY
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE MGRM
NAME SADEGHI, ALI
STREET ADDRESS 15455 S.W. 82ND CT.
CITY-ST-ZIP MIAMI, FL 33157

TITLE MGRM
NAME NEMATI, NOOSHIN
STREET ADDRESS 10133 S.W. 140TH ST.
CITY-ST-ZIP MIAMI, FL 33176

TITLE MGRM
NAME UNION TRUST FINANCIAL SERVICES
STREET ADDRESS 9050 PINES BLVD #383
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE MGRM
NAME FARAJE, ALIREZA
STREET ADDRESS 3001 HALLANDALE BEACH BLVD. #300
CITY-ST-ZIP PEMBROKE PARK, FL 33009

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04/24/08-80027-005 138.75

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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

4/10/08

Date

(934) 981-1154

Daytime Phone #