

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90260 039 \*\*\*\*\*50.00

**DOCUMENT # L06000009981**

1. Entity Name

**MASH ENTERPRISES # 2 LLC.**



Principal Place of Business

14930 SW, 70TH PLACE  
DAVIE FL 33331  
US

Mailing Address

14930 SW, 70TH PLACE  
DAVIE FL 33331  
US



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

**2550 W COMMERCIAL BLVD.**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

**TAMARAC, FL**

City & State

4. FEI Number

**57-1228999**

Applied For

Not Applicable

Zip

**33309**

Country

**BROWARD**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SYED, MASHKOOR A  
14930 SW, 70TH PLACE  
DAVIE FL 33331**

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, type or printed name of registered agent and take it applicable

(NOTE: Registered Agent signature required when registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
SYED, MASHKOOR A  
STREET ADDRESS  
14930 S.W., 70TH PLACE  
CITY ST ZIP  
DAVIE FL 33331

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
AHMED, HATIF  
STREET ADDRESS  
14930 S.W., 70TH PLACE  
CITY ST ZIP  
DAVIE FL 33331

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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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:** *Mashkoor A. Syed* **MASHKOOR A-SYED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-16-07**

**954-261-0483**

Date

Daytime Phone #