

2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY

ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN 17 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L06000040858

1. Limited Liability Company's Name

Mr. Flannigan Group, LLC

2. Principal Office Address - No P.O. Box #

755 41st Street

Suite, Apt. #, etc.

3. Mailing Office Address

755 41st

Suite, Apt. #, etc.

City &amp; State

Miami Beach, Florida

Zip

33140

Country

USA

City &amp; State

Miami Beach, Florida

Zip

33140

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

4/19/06

6. FEI Number

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Rosenbaum International Law Firm, P.A.

Street Address (P.O. Box Number is Not Acceptable)

755 41st Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-7-08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
UGR	Betty Rosenbaum	755 41st Street	Miami Beach, Florida 33140

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 1-7-08

Daytime Phone # 305 333-5308

Typed or printed name of signing Managing Member/Manager

Betty Rosenbaum