

138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 OCT 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5094215

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L06000053684

1. Entity Name
MELODY NITES ENTERTAINMENT GROUP, LLC



Principal Place of Business
4732 N DALE MABRY HWY
TAMPA, FL 33614

Mailing Address
290 Tall Oak Trl
Tarpon Springs, FL 34688

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

6. Name and Address of Current Registered Agent
MEGALA SABRY
8814 ROYAL ENCLAVE BLVD
TAMPA, FL 33626
(Remove Sabry)

7. Name and Address of New Registered Agent
Name
Paul Jallo
Street Address (P.O. Box Number is Not Acceptable)
290 Tall Oak Trl
City Tarpon Springs FL Zip Code 34688

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 Paul Jallo
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 Due by September 12, 2008

In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JALLO, PAUL 290 Tall Oak Trl Tarpon Springs FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900136254309 09/23/08--01029--001 **455.00
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REINSTATEMENT

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 606, Florida Statutes.

SIGNATURE: Paul Jallo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #