

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90057 039 ***138.75

DOCUMENT # L06000067996

1. Entity Name
MC STYLES, LLC



Principal Place of Business
**1970 NE 123 ST.
NORTH MIAMI, FL 33161**

Mailing Address
**1970 NE 123 ST.
NORTH MIAMI, FL 33161**

2. Principal Place of Business - No P.O. Box #
1970 NE 123rd St.
Suite, Apt. #, etc.

3. Mailing Address
1970 NE 123rd St.
Suite, Apt. #, etc.

00000100



04222008 Chg-LLC CR2E083 (12/06)

City & State
North Miami, FL
Zip **33181** Country

City & State
North Miami, FL
Zip **33181** Country

4. FEI Number
20-5239675
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FARFAN, FREDDY
1000 BRICKELL AVE.
SUITE 1005
MIAMI, FL 33131**

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FARFAN, FREDDY
1000 BRICKELL AVE., SUITE 1005
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DE LOS RIOS, MERY
6365 COLLINS AVENUE UNIT 4502
MIAMI BEACH, FL 33140** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ALVAREZ, MIGUEL
6365 COLLINS AVENUE UNIT 4502
MIAMI BEACH, FL 33140** ☒ 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
**MGRM
DE LOS RIOS, MERY
1900 North Bayshore Drive Unit # 3108
Miami, Florida 33132** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/23/08 (786) 499-0526
Date Daytime Phone #