

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90337 014 *****50.00

DOCUMENT # L06000076383

1. Entity Name

MAI REALTY OF FLORIDA, LLC



Principal Place of Business

Mailing Address

1259 W. ATLANTIC BLVD.
#125
POMPANO BEACH FL 33060

1259 W. ATLANTIC BLVD.
#125
POMPANO BEACH FL 33060



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

02-0783778

Applied For

Not Applicable

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

SILVERSTEIN, IRA S ESQ.
500 NE 4TH STREET
SUITE 100
FORT LAUDERDALE FL 33301

Name

MICHAEL A. INVERSO

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

1259 W. ATLANTIC BLVD

City

POMPANO BEACH

FL

Zip Code

33069

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

Michael A. Inverso

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM	INVERSO, MICHAEL A	1259 W. ATLANTIC BLVD. #125							
		POMPANO BEACH FL 33060								

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:

B. Comegale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/12/07

Daytime Phone #