

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90132 004 ***138.75

DOCUMENT # L06000084569
1. Entity Name
SOUTHEAST OVERTON/PARK WEST PARKING LOT
MAINTENANCE AND LANDSCAPING, LLC



Principal Place of Business Mailing Address
100 SE 2ND STREET, STE. 2650 100 SE 2ND STREET, STE. 2650
MIAMI, FL 33131 MIAMI, FL 33131

60005623

2. Principal Place of Business No P.O. Box # 3. Mailing Address
1210 MICHIGAN AVE. 1210 MICHIGAN AVE.
State Apt # etc State Apt # etc

City & State City & State
MIAMI BEACH, FL MIAMI BEACH, FL
Zip County Zip County
33139 MIAMI-DADE 33139 MIAMI-DADE



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5541327
NOT APPLICABLE

5. Certificate of Status Fee paid \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MIRMELLI, ANDREW
1210 MICHIGAN AVENUE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number's for Addresses)
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 of person making this statement (Required) (Print Name) _____
Signature of Registered Agent (Required) (Print Name) _____

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				10. ADJUT-GNS, CHANGES			
NAME	MGRM	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	MIRMELLI, ANDREW			STREET ADDRESS			
CITY & ZIP	1210 MICHIGAN AVENUE MIAMI BEACH, FL 33139			CITY & ZIP			
NAME	MGRM	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS	WARD, EDWARD			STREET ADDRESS			
CITY & ZIP	1000 NW 1ST AVENUE, APT. 18 MIAMI, FL 33136			CITY & ZIP			
NAME		<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS				STREET ADDRESS			
CITY & ZIP				CITY & ZIP			
NAME		<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS				STREET ADDRESS			
CITY & ZIP				CITY & ZIP			
NAME		<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS				STREET ADDRESS			
CITY & ZIP				CITY & ZIP			

11. I hereby certify that the information supplied within this filing does not conflict with the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member of the above named limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: X *Andrew Mirmelli* X 1/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE