

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086518

FILED
Jul 01, 2007
Secretary of State

Entity Name: NANCY'S & KEVIN'S COMPLEX, LLC

Current Principal Place of Business:

1001 NE 159 STREET
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1001 NE 159 STREET
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BASTIEN, NANCY
1001 NE 159 STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

GEORGES, KEVIN
1242 NE 136TH TERRACE
NORTH MIAMI, FL 33161 US

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.

SIGNATURE: KEVIN GEORGES

07/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GEORGES, KEVINS
Address: 1242 NE 136 TERRACE
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: MGRM () Delete
Name: BASTIEN, NANCY
Address: 1001 NE 159 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY BASTIEN

MGRM

07/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date