

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000090313

1. Entity Name
MEYER ENTERPRISES, LLC



Principal Place of Business
**4268 FRANCES DRIVE
DELRAY BEACH, FL 33445**

Mailing Address
**4268 FRANCES DRIVE
DELRAY BEACH, FL 33445**



04172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0782086

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEYER, DONALD E
4268 FRANCES DRIVE
DELRAY BEACH, FL 33445**

**DO NOT WRITE
IN THIS SPACE**

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**

U00000910792
05/07/08-80015-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEYER, DONALD E
STREET ADDRESS	4268 FRANCES DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	MGRM
NAME	MEYER, JANE A
STREET ADDRESS	4268 FRANCES DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	MGRM
NAME	MEYER, JOHN C
STREET ADDRESS	4268 FRANCES DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/12/08 561-865-9940

Date

Daytime Phone #