


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90348 025 ****50.00

DOCUMENT # L06000101381	
1. Entity Name LUCKY US II, LLC	

Principal Place of Business 6960 ORCHARD LAKE ROAD, SUITE 240 WEST BLOOMFIELD, MI 48322-4519	Mailing Address 6960 ORCHARD LAKE ROAD, SUITE 240 WEST BLOOMFIELD, MI 48322-4519
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2. Principal Place of Business - No P.O. Box # 6120 Parkland Blvd.	3. Mailing Address 6120 Parkland Blvd.
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. Suite 220
City & State Mayfield Heights, Ohio	City & State Mayfield Heights, Ohio
Zip 44124 Country USA	Zip 44124 Country USA

60034026



03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5756713	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION % HOLLAND & KNIGHT LLP 701 BRICKELL AVENUE, SUITE 3000 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, LINDA J TRUSTEE 6960 ORCHARD LAKE ROAD, SUITE 240 WEST BLOOMFIELD, MI 483224519 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scott Davis, as Trustee 6120 Parkland Blvd., Suite 220 Mayfield Heights, Ohio 44124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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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

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

Date

Daytime Phone #