FILED
Feb 13, 2008 08:00 AM
Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000120769

1. Entity Name
MEIER REGIONAL LLC

Principal Place of Business	Mailing Address
C/O PHYLIS MEIER 2800 ISLAND BLVD., APT. 1602 NORTH MIAMI BEACH, FL 33160	C/O PHYLIS MEIER 2800 ISLAND BLVD., APT. 1602 NORTH MIAMI BEACH, FL 33160

U00000825626
02/21/08-80018-003 138.75

DO NOT WRITE IN THIS SPACE

02052008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-8082992
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEIER, PHYLIS
2800 ISLAND BLVD., APT. 1602
NORTH MIAMI BEACH, FL 33160

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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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MEIER, PHYLLIS
STREET ADDRESS	2800 ISLAND BLVD., APT. 1602
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	MGR
NAME	MEIER, ERIC
STREET ADDRESS	19355 TURNBERRY WAY, APT.6-E
CITY-ST-ZIP	AVENTURA, FL 331604528
TITLE	MGR
NAME	MEIER, LYNDA
STREET ADDRESS	2800 ISLAND BLVD., APT. 1602
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Phylis Meier X 2/8/08 305 931-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #