

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90305 023 ***138.75

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| DOCUMENT # L07000026137 | | | | | |
| 1. Entity Name SKYLAKE DELI LLC | | | | | |
| Principal Place of Business 8780 NW 102 ST. MEDLEY, FL 33178 | | | Mailing Address 8780 NW 102 ST. MEDLEY, FL 33178 | | |
| 2. Principal Place of Business - No P.O. Box # 18515 NE 18th AVENUE | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04102008 Chg-LLC CR2E083 (12/06) | |
| City & State NO MIAMI BEACH FL | | City & State | | 4. FEI Number 20-8596544 | |
| Zip 33179 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA PA 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name: KAPLAN, DANIEL Street Address (P.O. Box Number is Not Acceptable): 15440 SW 82ND AVENUE City: MIAMI FL Zip Code: 33157 | | |
| 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: | | | | | |
| 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. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KAPLAN, DANIEL 17150 NORTH BAY ROAD STE GPH 2909 NORTH MIAMI BEACH, FL 33160 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 15440 SW 82ND AVENUE MIAMI, FL 33157 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RUBENSTEIN, JON 17150 NORTH BAY ROAD STE GPH 2909 NORTH MIAMI BEACH, FL 33160 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 9076 SW 59th CT MIAMI, FL 33156 | <input checked="" 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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| 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: DANIEL KAPLAN MGR 4/16/08 305-997-7933 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |