	D LIABILITY (	ALCES	LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State					F	H.E	D	
1999 DIVISION OF CORPORATION							⊒				
ILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							Signal Constant				
Name and Mailing Address of Limited Liability Company  7155 NW 2ND CT, L.C. 419 W 49TH STREET, #106 HIALEAH FL 33012-3602											. 011111 <u>.</u> 17 1. 1 2
							1a. Principal Place of Business Address				
							419 W 49TH STREET, #106 HIALEAH FL 33012				
Princin	oal Place of Busines		2a Mailın	n Address			3. Date O	rganized or Qualif	ied 3a. State	of Forma	tion
r micipal riace of business			2a. Mailing Address						FL	or r orma	
Suite, Apt. #, etc			Suite, Apt. #, etc.				4. FEI Nu	mber	\	☐ Ap	plied For
City & State			City & State				65-0704598			=	t Applicable
iρ	Co	untry	Z <sub>1</sub> p		Counti	ry	5. Date of	Last Report	6. Certific	ate of Sta	tus Desired
			<u> </u>					4/1998	\$8.75 Addi		Required
7. Name and Address of Current Registered				lgent	- <u>-</u>	B. I Name	Name and A	ddress of New R	egistered Agen	VOffice	
ts registe as registe		of Sections 608 416 and agent, or both, in the obligations						pany submits this			
IO. Title	<del> '</del>	Registered Agent Autopling		HE Required		ess Street Address		<del></del>	City, State and	Zin Codo	<del></del>
u. me	Managii	ng Members/Manager	s		Busine	ess Sireer Address			City, State and	zip Code	
MGR			1801 CENTURY PARK			}_c			90067		
	FISHER,	JAMES Q		1801	CENT	URY PARK	EAST	#24° LOS	ANGELE	S CA	
MGK	FISHER,	RICHARD C	Г	1801	CENT	URY PARK	EAST	#24°LOS	ANGELE	S CA	
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MGR T								00000	02853 5/03/39 101/08/75	075. 01011 ***	Ø 012 *188.7