

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000046

1. Entity Name
12955 NW 7TH AVENUE, L.C.



Principal Place of Business

419 WEST 49TH STREET
#106
HIALEAH, FL 33012-3602

Mailing Address

419 WEST 49TH STREET
#106
HIALEAH, FL 33012-3602



02162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0722985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7800 NE 2ND AVE, L.C.
419 WEST 49TH STREET
#106
HIALEAH, FL 33012-3602

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RONALD P 1801 CENTURY PK EAST #2400 LOS ANGELES, CA 900672326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, JAMES Q 1801 CENTURY PK EAST #2400 LOS ANGELES, CA 900672326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RICHARD J 1801 CENTURY PK EAST #2400 LOS ANGELES, CA 900672326
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04/01/05-80047-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ronald P. Fisher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/5/05