

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L97000000046

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



Principal Place of Business
419 W 49TH STREET, #105
HIALEAH, FL 33012-3602

Mailing Address
419 W 49TH STREET, #105
HIALEAH, FL 33012-3602



04162008 No Chg-LLC

CR2E083 (12/07)

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

12955 NW 7TH AVE LC
419 W 49TH STREET, #105
#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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FISHER, RONALD P
419 W 49TH STREET, #105
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FISHER, JAMES Q
419 W 49TH STREET, #105
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FISHER, RICHARD J
419 W 49TH STREET, #105
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000329913
05/21/08-80090-006 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #