

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002594

1. Entity Name
MEIP, L.L.C.



Principal Place of Business
**1430 N.W. 88TH AVENUE
MIAMI, FL 33172**

Mailing Address
**1430 N.W. 88TH AVENUE
MIAMI, FL 33172**



03162006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0876560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAPCIUC, MARCOS
1430 N.W. 88TH AVENUE
MIAMI, FL 33172**

**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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAPCIUC, MARCOS
STREET ADDRESS	1430 N.W. 88TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGRM
NAME	LAPCIUC, ISRAEL
STREET ADDRESS	1430 N.W. 88TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGRM
NAME	LAPCIUC, TANIA
STREET ADDRESS	1430 N.W. 88TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGRM
NAME	LAPCIUC, ISAAC
STREET ADDRESS	1430 N.W. 88TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGRM
NAME	LAPCIUC, YAIR
STREET ADDRESS	1430 N.W. 88TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000541097
05/10/06-80043-016 50.00

**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 #

4/26/06