

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90079 036 ****50.00

DOCUMENT # L99000004822

1. Entity Name
MYF HOSPITALITY L.L.C.



Principal Place of Business

**401 BISCAYNE BLVD
B-1
MIAMI, FL 33133**

Mailing Address

**3239 W. TRADE AVE.
SUITE #9
COCONUT GROVE, FL 33133**

20066115



07072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1126068

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUDIK, MICHAEL A
~~3400 PAN AMERICAN DRIVE #7~~ **3239 W. TRADE AVE, #9**
~~COCONUT GROVE, FL 33133~~ **COCONUT GROVE FL 33133**

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUDIK, MICHAEL L
3239 WEST TRADE AVENUE, #9
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

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

Date

Daytime Phone #

08-01-05 305-445-8456