

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000007425

1. Entity Name  
RENAISSANCE DISTRIBUTORS, L.L.C.



Principal Place of Business

1990 N.W. 55TH ST  
MIAMI, FL 33142

Mailing Address

1990 N.W. 55TH ST  
MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



04102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-0979375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABDULLAH, DAWUD E  
1990 N.W. 55TH STREET  
MIAMI, FL 33142

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MELVIN F. SABREE
STREET ADDRESS	2565 N.W. 92ND ST.
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	MGRM
NAME	DAWUD E. ABDULLAH
STREET ADDRESS	1990 N.W. 55TH STREET
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000515744  
04/29/06-80225-002 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 #

305-687-0017