

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000003207

1. Entity Name  
MISIOROWSKI PROPERTIES, LLC



Principal Place of Business  
23352 CALIFA STREET  
WOODLAND HILLS, CA 91367

Mailing Address  
23352 CALIFA STREET  
WOODLAND HILLS, CA 91367

**DO NOT WRITE IN THIS SPACE**



02192007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2799710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MISIOROWSKI, JAMES  
23352 CALIFA STREET  
WOODLAND HILLS, CA 91367

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MISIOROWSKI, MARILYN  
23352 CALIFA STREET  
WOODLAND HILLS, CA 91367

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000686536  
04/10/07-80006-022 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: *Marilyn Misiorowski*  
MARILYN MISIOROWSKI

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

3/27/07

Date

818-704-6797

Daytime Phone #