	ANNUAL REPORT				ENT OF STATE Harris State PORATIONS	FILLU SECRETARY OF STATE DIVISION OF CORPORATIONS				
FILING \$ 588 1. Name of Limi	.75 Make Check Payabl			TMEN		99 A	IUG -4 AI	M 10: 1 (	5	
of Limited Liability Company DOCOMENT # 200303 COONEY-MIDWAY GROVE, L.C. & DAVID WHITE 2900 SW 28TH TERRACE 7TH FLOOR MIAMI FL 33133						1a. Principal Place of Business Address & DAVID WHITE <del>2900 SW 28TH TERRACE 7TH FLO</del> MIAMI FL 33133				
Principal Place of Business 2a.		2a. Maili	lailing Address			3. Date Organized or Qualified   3a. State of Formation				
Suite, Apt	t # atc		11666 Lost Tree Way					FL	FL	
Sulle, Apt	ι. ₩, etC.	Suite, Ap	l. #, OlC.			4. FEI Number			Applied For	
City & Sta	ate	City & St			·	65-0221			Not Applicable	
Zıp	Country		<u>h Palm B</u>	Count	<mark>, Florida</mark>	5. Date of Last F	teport		ate of Status Desired	
		334	08	Pa	1m Beach	L 04/17/1			tional Fee Required	
1166	7. Name and Address of Curr TE, DAVIE 56 LOST TRAXE WAY PALM BEACH FL 334	,	Agent	<u> </u>	Name DAVID Street Address (I 11666 Suite, Apt. #, etc	Palm Beach	s Not Acceptab Way , Florid	a • 200 Code	3089	
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