

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90064 012 ***138.75

DOCUMENT # L07000001810					
1. Entity Name 1601 NW 24 STREET, LLC					
Principal Place of Business 1220 NE 48 ST POMPANO BEACH, FL 33064			Mailing Address 1220 NE 48 ST POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-8204909				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEWITT, RICHARD 1220 NE 48 ST POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-designing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DEWITT, RICHARD 1220 NE 48 ST POMPANO BEACH, FL 33064 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
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:				2/4/08 959-946-4600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					