

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000003796

1. Entity Name
PALM BEACH GARDENS PROFESSIONAL BUILDING,
LLC



Principal Place of Business
4283 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

Mailing Address
4283 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410



01182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0928406

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CELEDINAS, KIM R
712 HARBOUR ISLES WAY
NORTH PALM BEACH, FL 33410

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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 re-instating)

DATE

U00000648757
03/07/07-80022-014 50.00

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CELEDINAS, RAY S
712 HARBOUR ISLES WAY
NORTH PALM BEACH, FL 33410

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CELEDINAS, KIM R
712 HARBOUR ISLES WAY
NORTH PALM BEACH, FL 33410

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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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 #