

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90201 024 \*\*\*138.75

**60014703**



02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0685167**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L07000081379**

1. Entity Name  
**A & J LYNNMOORE HOLDINGS ONE, LLC**



Principal Place of Business  
**1920 E. HALLANDALE BEACH BLVD., SUITE 906  
HALLANDALE, FL 33309**

Mailing Address  
**1920 E. HALLANDALE BEACH BLVD., SUITE 906  
HALLANDALE, FL 33309**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33009**

Country

Zip **33009**

Country

6. Name and Address of Current Registered Agent

**SCHIMMEL, JOSEPH BARRY ESQ  
9400 S. DADELAND BLVD., SUITE 600  
MIAMI, FL 33156**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**MGR ARTHUR E. LIPSON  
1920 E. HALLANDALE BCH. BLVD #906  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**MGR JEROME H. STERN  
1920 E. HALLANDALE BCH. BLVD #906  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - 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:**

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

Date

Daytime Phone #

**ARTHUR E. LIPSON, MGR 3/12/08 (954) 456-1114**