

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000004304**

1. Entity Name  
**LAKE VERONA SIXPLEX, LLC**



Principal Place of Business  
**1609 S.W. 5TH STREET  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**1609 S.W. 5TH STREET  
FORT LAUDERDALE, FL 33312**



04242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0610910**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WALSH, JOHN  
1609 S.W. 5TH STREET  
FORT LAUDERDALE, FL 33312**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000324361

05/21/08-80065-015 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WALSH, JOHN
STREET ADDRESS	1609 S.W. 5TH STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312
TITLE	MGRM
NAME	MOLEPSKE, MARK
STREET ADDRESS	3430 NORTH LAKE SHORE DRIVE, #9L
CITY - ST - ZIP	CHICAGO, IL 60657
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:**

*John Walsh*

*John Walsh*

*4-24-08*

*833-465-3371*

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

Date

Daytime Phone #