

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L96000001106

1. Entity Name
1744 NW 36TH ST, L.C.



Principal Place of Business
419 WEST 49TH STREET, #105
HIALEAH, FL 33012-3602

Mailing Address
419 WEST 49TH STREET, #105
HIALEAH, FL 33012-3602



04162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0704546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REAL PROPERTY CARE, INC.
419 WEST 49TH STREET, #105
HIALEAH, FL 33012-3602

**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 renouncing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FISHER, RONALD P
STREET ADDRESS 419 WEST 49TH STREET, #105
CITY-ST-ZIP HIALEAH, FL 330123602

TITLE MGR
NAME FISHER, JAMES Q
STREET ADDRESS 419 WEST 49TH STREET, #105
CITY-ST-ZIP HIALEAH, FL 330123602

TITLE MGR
NAME FISHER, RICHARD J
STREET ADDRESS 419 WEST 49TH STREET, #105
CITY-ST-ZIP HIALEAH, FL 330123602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000000329873
05/21/08-80085-020 138.75

**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: _____

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

Date

Daytime Phone #