2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State
08-04-2008 90054 006 ***538.75

DOCUMENT # L05000073161

1. Entity Name
4113 REGENCY PALMS, LLC

Principal Place of Business	Mailing Address
4113 E. LINEBAUGH AVENUE, UNIT 307 TAMPA, FL 33617	3768 W COQUINA WAY WESTON, FL 33332

04162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8445 Springtree Drive	8445 Springtree Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, Fla.	City & State: Sunrise, FL
Zip: 33351 Country: USA	Zip: 33351 Country:

4. FEI Number 81-0678726 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARDELEAN, SORIN
3768 W COQUINA WAY
WESTON, FL 33332

7. Name and Address of New Registered Agent

Name: Thomas M. Clark PA
Street Address (P.O. Box Number is Not Acceptable): 2400 E Commercial Blvd #820
City: Ft. Lauderdale FL Zip Code: 33308

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: Constantin Ardelean
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARDELEAN, SORIN 3768 W COQUINA WAY WESTON, FL 33332	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Constantin Ardelean 8445 Springtree Dr Sunrise, FL 33351	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Constantin Ardelean April 23, 2008 954-742-8960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #