

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002457

Entity Name: 722 NW 18 ST, LLC

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

PETER L. POGGI  
3400 CARLTON LN.  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

PETER L. POGGI  
3400 CARLTON LN.  
DAVIE, FL 33330 US

**New Mailing Address:**

FEI Number: 26-3996741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POGGI, PETER L  
3400 CARLTON LN  
DAVIE, FL 33330 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POGGI, PETER L  
Address: 3400 CARLTON LN  
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM  
Name: POGGI, MICHAEL L  
Address: 11365 EANNEST BLVD  
City-St-Zip: DAVIE, FL 33325 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: PETER L. POGGI

MGRM

01/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date