

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002457

**Entity Name:** 722 NW 18 ST, LLC

**Current Principal Place of Business:**

PETER L. POGGI  
11365 EARNEST BLVD  
DAVIE, FL 33325

**Current Mailing Address:**

PETER L. POGGI  
11365 EARNEST BLVD  
DAVIE, FL 33325 US

**FEI Number:** 26-3996741

**Certificate of Status Desired:** No

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

POGGI, PETER L  
PETER L. POGGI  
11365 EARNEST BLVD  
DAVIE, FL 33325 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name POGGI, PETER L  
Address PETER L. POGGI  
11365 EARNEST BLVD  
City-State-Zip: DAVIE FL 33325

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

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER L. POGGI

**PRESIDENT**

**03/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date