

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000007514	
1. Entity Name R.D. SANGER, L.L.C.	

Principal Place of Business 208 S.E. 9TH STREET FORT LAUDERDALE FL 33316	Mailing Address 208 S.E. 9TH STREET FORT LAUDERDALE FL 33316
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 65-1025927	☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SANGER, REGGIE D 208 S.E. 9TH STREET FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

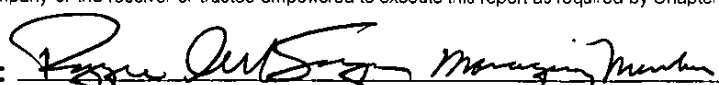
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS																			
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td> MGRM SANGER, REGGIE D 208 SE 9TH ST. FT. LAUDERDALE FL 33316 </td> <td>☐ Delete</td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td></td><td>☐ Delete</td></tr> </table>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SANGER, REGGIE D 208 SE 9TH ST. FT. LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	
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10. ADDITIONS/CHANGES																			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1/23/07 954463 8547**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #