

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012651

1. Entity Name
TURNBERRY SALES GROUP, LLC



Principal Place of Business
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180

Mailing Address
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
52-2272155

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARTGLASS, LORI R
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Filing Fee Is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SOFFER, DONALD
STREET ADDRESS 19501 BISCAYNE BOULEVARD, SUITE 400
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGRM ☐ Delete
NAME SOFFER, JACQUELYN
STREET ADDRESS 19501 BISCAYNE BOULEVARD, SUITE 400
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGRM ☐ Delete
NAME SOFFER, JEFFREY
STREET ADDRESS 19501 BISCAYNE BOULEVARD, SUITE 400
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 800103591588
STREET ADDRESS 05/31/07--01007--013 **\$00.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2007 MAY 18 P 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4-27-07