

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 1:57

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

02202008 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

7. Name and Address of New 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

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

☐ Change ☐ Addition
400123196834
04/14/08--01003--019 **638.75

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

3/19/08

Date

Daytime Phone #