

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90203 045 ****50.00

DOCUMENT # L00000012805



1. Entity Name
PEMBROKE PARK WAREHOUSES, L.L.C.

Principal Place of Business
**3625 PEMBROKE ROAD, SUITE C-2
HOLLYWOOD, FL 33021**

Mailing Address
**3625 PEMBROKE ROAD, SUITE C-2
HOLLYWOOD, FL 33021**

2. Principal Place of Business

3. Mailing Address

16400 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

542

City & State

City & State

Sunny Isles

Zip

Country

Zip

Country

33160

02202004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

52-2277483

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

**AHARON, URI
3625 PEMBROKE ROAD, SUITE C-2
HOLLYWOOD, FL 33021**

Name: **Uri Aharon**

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

16400 Collins Avenue

Suite 542

City **Sunny Isles**

FL

Zip Code

33160

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AHARON, URI
3625 PEMBROKE ROAD, SUITE C-2
HOLLYWOOD, FL 33021** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #