

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000001050

1. Entity Name

8465 REALTY, LLC



Principal Place of Business

**7888 TRIESTE PLACE
DELRAY BEACH FL 33446**

Mailing Address

**7888 TRIESTE PLACE
DELRAY BEACH FL 33446**

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

4. FEI Number

65-0235166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, PHILIP
7888 TRIESTE PLACE
DELRAY BEACH FL 33446**

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 registering.)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: SNYDER, PHILIP
STREET ADDRESS: 7888 TRIESTE PLACE
CITY-STATE-ZIP: DELRAY BEACH FL 33446

TITLE: MGR ☐ Delete
NAME: HIGHT, NORTON
STREET ADDRESS: PO BOX 133
CITY-STATE-ZIP: CRRARYVILLE NY 12521

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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CITY-STATE-ZIP:

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CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
U000000634557
02/22/07-80015-016 50.00

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

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 or power of attorney 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 #

Norton F. Hight / **NORTON F. HIGHT** 2/10/07 561-449-2826