

LIMITED LIABILITY COMPANY ANNUAL REPORT

L01000011876

PROPERTIES MANAGEMENT, LLC



FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90306 032 *****50.00

Principal Place of Business
5450 FLAVOR PICT ROAD
BOYNTON BEACH, FL 33436

Mailing Address
C/O JOYCE HALEY
10932 GLENEAGLES RD
BOYNTON BEACH, FL 33436

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

3. Mailing Address

Gleneagles Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

65-1151606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, MARK A
50 SE 4TH AVE
DELRAY BEACH, FL 33483

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DUBOIS, LOIS L TRUSTEE
C/O JOYCE HALEY/10932 GLENEAGLES RD
BOYNTON BEACH, FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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10. ADDITIONS/CHANGES

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

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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 #

3/19/07 561-736-3749