

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013805

1. Entity Name

IDEAL APARTMENTS, LLC



Principal Place of Business

552 NE 34TH COURT
OAKLAND PARK FL 33334

Mailing Address

552 NE 34TH COURT
OAKLAND PARK FL 33334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

4. FEI Number

65-1130345

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PELOSI, NANCY D
312 SOUTHEAST 17TH STREET, SECOND FLOOR
FORT LAUDERDALE FL 33316

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CASORIA, PETER JR.
552 NE 34TH COURT
OAKLAND PARK FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U000000572511
07/27/06-80009-011 50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CASE, CY J
4367 N. FEDERAL HWY.
FORT LAUDERDALE FL 33308 ☐ Delete

TITLE
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CITY - ST - ZIP
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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 #

Cy J Case

7-25-06 954-776-3500