

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90012 005 ****50.00

DOCUMENT # L01000017541

1. Entity Name

GUARDIAN-AMERICAN DEVELOPMENT CO., L.L.C.



Principal Place of Business

1900 N.E. 16TH TERRACE
FT. LAUDERDALE FL 33305

Mailing Address

1900 N.E. 16TH TERRACE
FT. LAUDERDALE FL 33305

2. Principal Place of Business

3091 Griffin Rd.
Suite, Apt. #, etc.

3. Mailing Address

3091 Griffin Rd.
Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33312

Country

US

Zip

33312

Country

US

4. FEI Number

65-1148586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORN, GARY ESQ.
20801 BISCAYNE BLVD.
SUITE 502
AVENTURA FL 33180

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME JOHNS, ROBERT W
STREET ADDRESS 1900 NE 16TH TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE MGR ☐ Delete
NAME KRIEFF, RICHARD
STREET ADDRESS 19900 NE 23RD AVE
CITY-ST-ZIP NORTH MIAMI FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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 #