

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90041 004 ***138.75

DOCUMENT # L01000019595

1. Entity Name
VOLUNTEER PROPERTIES OF DANIA, LLC



Principal Place of Business
440 PHIPPEN WAITERS ROAD
DANIA, FL 33004

Mailing Address
4 WEST DANIA BEACH BLVD
DANIA, FL 33004

60039347



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
4700 SHERIDAN STREET
SUITE B
HOLLYWOOD, FL
33021 USA

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number
23-3926923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CROSS, KC
4 WEST DANIA BEACH BLVD
DANIA, FL 33004

7. Name and Address of New Registered Agent
Name
CROSS, KC
Street Address (P.O. Box Number is Not Acceptable)
4700 SHERIDAN STREET, SUITE B
City HOLLYWOOD FL Zip Code 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROSS, K C 4 WEST DANIA BEACH BLVD DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1 mGRM CROSS, K C 4700 SHERIDAN STREET HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: _____ 4/30/08 954-367-4563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #