## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT # L01000019815



FILED

05-05-2008 90028 046 \*\*\*138.75 P&R DEVELOPMENTS LLC Principal Place of Business Mailing Address 60038664 2238 SW 34TH STREET 2238 SW 34TH, STREET FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Place OF BUSINES 7857W. Sample StORE AS 05012008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For 65-1152631 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINCHAS, YARON P.O. Box Number is Not Acceptable

W. Stmple IR 2238 S.W. 34TH STREET FORT LAUDERDALE, FL 33312 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, The State of Florida. I am familiar with, and accept the obligations of registered agent. egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES MGRM TITLE MGRM TITLE Delete ☐ Addition RIZER, ISHAC NAME NAME Rizer, Ishac 7857 W. SAMPLE Rd-Ste#151 CORAL SPRINGS, FC 33065 STREET AUDRESS **2238 SW 34TH, STREET** STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE MGRM ■ Addition PINCHAS, YARON NAME NAME PINCHAS, YARON STREET ADDRESS **2238 SW 34TH. STREET** STREET ADDRESS 1857 W. Sample Rd-Ste#151 Coral Springs, FL 33065 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 incicated 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.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: X 1000

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE Date (954) 600-2009

☐ Change

■ Addition