

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020387

1. Entity Name
INDUSTRIAL PARK AT OAKLAND, L.C.



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

04-26-2007 90030 023 ****50.00

Principal Place of Business
818-838 NE 40 COURT
OAKLAND PARK, FL 33334

Mailing Address
838 NE 40 COURT
OAKLAND PARK, FL 33334

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

720 N. FLAGLER DR.

3. Mailing Address

720 N. FLAGLER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062007

Chg-LLC

CR2E083 (12/06)

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

80-0031235

Applied For

Not Applicable

Zip

33304

Country

U.S.A.

Zip

33304

Country

U.S.A.

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

MUENCH, KEVIN
818-838 NE 40 COURT
OAKLAND PARK, FL 33334

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MUENCH, KEVIN
818-838 NE 40 COURT
OAKLAND PARK, FL 33334 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MUENCH, MAY-FRANCE
818-838 NE 40 COURT
OAKLAND PARK, FL 33334 ☐ Delete

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

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☐ Change ☐ Addition

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:

Kevin Muench

4-10-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #