

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L01000020387**

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



**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

Principal Place of Business  
**720 N FLAGLER DR  
FORT LAUDERDALE, FL 33304**

Mailing Address  
**720 N FLAGLER DR  
FORT LAUDERDALE, FL 33304**



01092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0031235**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000892921  
04/23/08-80086-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUENCH, KEVIN 818-838 NE 40 COURT OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUENCH, MAY-FRANCE 818-838 NE 40 COURT OAKLAND PARK, FL 33334
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**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**KEVIN MUENCH 04-08-08**

Date

Daytime Phone #