

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020431

1. Entity Name
HEARTWOOD 11, LLC



Principal Place of Business
**2100 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309 US**

Mailing Address
**2100 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309 US**



04152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0147436

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NGUYEN, DOQUYEN T
2100 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEVAN, ALAN B
STREET ADDRESS	2100 W CYPRESS CREEK RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGR
NAME	TOALSON, VALERIE C
STREET ADDRESS	2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/19/08-80007-008 138.75

**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: **Valerie C. Toalson, Manager**

4/22/08 954-940-5000

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

Date

Daytime Phone #