

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000020593

1. Entity Name

SAMPLE ROAD PLAZA, L.L.C.



Principal Place of Business

**12919 NW 22ND MANOR
PEMBROKE PINES FL 33028**

Mailing Address

**12919 NW 22ND MANOR
PEMBROKE PINES FL 33028**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

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

**AGUDO, JOHN J
10000 STIRLING ROAD #5
COOPER CITY FL 33024**

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 terminating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM AGUDO, JOHN J PRES 12919 NW 22 MANOR PEMBROKE PINES FL 33028	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM AGUDO, JANICE VP 12919 NW 22 MANOR PEMBROKE PINES FL 33028	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM AGUDO, JANICE SEC 12919 NW 22 MANOR PEMBROKE PINES FL 33028	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

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**000000438509
03/01/06-80007-021 50.00**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John J. Agudo

02-14-2006

**305
785-029**