

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90221 001 ****50.00

DOCUMENT # L02000001082,

1. Entity Name

THE ANTIQUE EXPERIENCE, L.L.C.



Principal Place of Business

504 EAST ATLANTIC AVE.
DELRAY BEACH FL 33483

Mailing Address

504 EAST ATLANTIC AVE.
DELRAY BEACH FL 33483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

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

GOLDFARB, GARY
2494 S OCEAN BLVD
BOCA RATON FL 33432

Name

GOLDFARB, GARY

Street Address (P.O. Box Number is Not Accepted)

4945 N.W. 23rd Court

City

Boca Raton

FL

Zip Code

33431

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

2/14/06

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 GOLDFARB, GARY 504 EAST ATLANTIC AVE DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

Date

Daytime Phone #

2/14/06

521-330-6336