

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90331 030 ****50.00

DOCUMENT # L02000005297

1. Entity Name
PROGRESS 2002, LLC



Principal Place of Business
6601 LYONS ROAD
G-7
COCONUT CREEK, FL 33073

Mailing Address
6601 LYONS ROAD
G-7
COCONUT CREEK, FL 33073

00047540



01162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0415891

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAL, BEN
6601 LYONS ROAD G-7
COCONUT CREEK, FL 33073

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME SHARONL, RON
STREET ADDRESS 6601 LYONS RD G-7
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE MGRM
NAME GAL, BEN
STREET ADDRESS 6601 LYONS RD G-7
CITY-ST-ZIP COCONUT, FL 33073

TITLE P
NAME LIVINI, RON
STREET ADDRESS 6601 LYONS RD G-7
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #