

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90031 007 ****50.00

DOCUMENT # L02000006674

1. Entity Name
CORAL SPRINGS RENTALS, L.L.C.



Principal Place of Business
9607 TRITON CT.
BOCA RATON, FL 33434

Mailing Address
9607 TRITON CT.
BOCA RATON, FL 33434



04132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3625009

Applied For
Not Applicable

5. Certificate of Status Desired: ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

JEFFERY, RONALD J
9607 TRITON COURT
BOCA RATON, FL 33434

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JEFFERY, RONALD J
STREET ADDRESS	9607 TRITON CT.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	CORDOBA, JAMES R
STREET ADDRESS	7045 NW 40TH COURT
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	MGRM
NAME	LANE, ROBERT A
STREET ADDRESS	3000 NE 48TH COURT #401
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	MGRM
NAME	JEFFERY, SHERRIL
STREET ADDRESS	9607 TRITON COURT
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

4-1404 5614149706