

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**



01072008 No Chg-LLC

CR2E083 (12/07)

**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

**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

*Ronald J. Jeffers*  
Signature, typed or printed name of registered agent and title if applicable

*Ronald J. Jeffers*

(NOTE: Registered Agent signature required when reinstating)

*1-7-08*  
DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

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	LANGE, ROBERT A
STREET ADDRESS	3000 NE 48TH COURT #401
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	MGRM
NAME	JEFFERY, SHERRI L
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	

U00000782071  
01/15/08-80058-024 138.75

**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:

*Ronald J. Jeffers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*561-414-9700-7.08*