

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000007909

1. Entity Name

CROSSWINDS AT COUNTYLINE, LLC



Principal Place of Business

5525 SW 41ST ST
PEMBROKE PARK FL 33023

Mailing Address

5525 SW 41ST STREET
APT. #125
PEMBROKE PARK FL 33023
US

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

04-3679514

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

ROSEN, FRANK
5525 SW 41ST ST.
APT. #125
PEMBROKE PARK FL 33023

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

000000219710

02/08/05-80037-016 50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
ROSEN, FRANK
5525 SW 41ST STREET, APT. #125
PEMBROKE PARK FL 33023

☐ Delete

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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Frank Rosen FRANK ROSEN

2/4/05

954 913 0542