

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000014653

1. Entity Name
533 ORTON, LLC



Principal Place of Business
533 ORTON AVE.
FT. LAUDERDALE, FL 33304

Mailing Address
533 ORTON AVE.
FT. LAUDERDALE, FL 33304



02092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2172006

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEBENEDICTIS, ROBERT N
533 ORTON AVE.
FT. LAUDERDALE, FL 33304

**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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DEBENDICTIS, ROBERT N
STREET ADDRESS 533 ORTON AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33704

TITLE MGRM
NAME GALLUCCIO, PAUL
STREET ADDRESS 533 ORTON AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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1100000442624
03/04/06 20029-002 \$0.00

**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

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

DATE

Daytime Phone #