

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90030 029 ****50.00

DOCUMENT # L02000018725

1. Entity Name

VILLAGE GRANDE OF DELRAY BEACH, L.L.C.



Principal Place of Business

11 SO SWINTON AVE
DELRAY BEACH FL 33444

Mailing Address

11 SO SWINTON AVE
DELRAY BEACH FL 33444

20038472



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0640694

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARBONE, LOUIS J
11 S SWINTON AVE
DELRAY BEACH FL 33444

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARBONE, LOUIS J
65 NE 4TH AVENUE
DELRAY BEACH FL 33483 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11 So. Swinton Avenue
Delray Beach, FL 33444 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARBONE, KATHRYN
66 NE 4TH AVENUE
DELRAY BEACH FL 33483 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11 So. Swinton Avenue
Delray Beach, FL 33444 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARBONE, PAT
65 NE 4TH AVENUE
DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11 So. Swinton Ave
Delray Beach, FL 33444 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/05

901 270 0282