

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000025292**

**1. Entity Name**

DEERFIELD VALUE CLEANERS, LLC



**Principal Place of Business**

1710 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33442

**Mailing Address**

1710 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33442

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

**4. FEI Number**

05-0533934

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**

MERRITT, ROGER J ESQ  
300-41ST STREET, STE. 218  
MIAMI BEACH FL 33140

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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGR ☐ Delete  
**NAME** SCHWARTZ, NEAL  
**STREET ADDRESS** 777 S. FEDERAL HWY., APT. M-103  
**CITY- ST- ZIP** POMPANO BEACH FL 33062

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** U00000020668  
**CITY- ST- ZIP** 01/29/04-80076-021 50.00

**TITLE** ☐ Delete  
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Neal A. Schwartz* Neal A. Schwartz 1-27-2004 954-429-3388

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

Date

Daytime Phone #