

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000026808**

1. Entity Name  
72 SE 6TH, LLC



Principal Place of Business  
72 S.E. 6TH AVENUE, UNIT K  
DELRAY BEACH, FL 33483

Mailing Address  
72 S.E. 6TH AVENUE, UNIT K  
DELRAY BEACH, FL 33483

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
06-1651969

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KURSTIN, RYAN  
72 S.E. 6TH AVENUE, UNIT K  
DELRAY BEACH, FL 33483

**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.

RYAN KURSTIN  
(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/2004

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KURSTIN, GARY  
7917 GLEN NEVIS TERRACE  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KURSTIN, BETTE  
7917 GLEN NEVIS TERRACE  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000009063  
01/20/04-80089-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

GARY KURSTIN 01/20/04 56654-5095

Date

Daytime Phone #