

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000027655

1. Entity Name  
408 NW 4TH COURT, LLC



Principal Place of Business  
407 N.W. 4TH AVENUE  
POMPANO BEACH, FL 33060

Mailing Address  
407 N.W. 4TH AVENUE  
POMPANO BEACH, FL 33060



02242006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0566029

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

JACKSON, OREDA G  
407 N.W. 4TH AVENUE  
POMPANO BEACH, FL 33060

**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 reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GRISHAM, CLARENCE SR  
2340 N.W 29 TH STREET  
OAKLAND PARK, FL 33316

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MINGO, PANSY G  
1458 HAZELWOOD TERRACE  
PLAINFIELD, NJ 07060

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

000000460835  
03/20/06-80026-019 50.00

**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 #

*Pansy G. Mingo*  
3/9/06

(954) 943-8340