

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027656**

1. Entity Name  
407 NW 4TH AVENUE, LLC



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

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



03162007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0659527

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  
POMPAÑO 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISHAM, CLARENCE SR 2340 NW 29TH STREET OAKLAND PARK, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINGO, PANSY G 1458 HAZELWOOD TERRACE PLAINFIELD, NJ 07060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000678738  
04/03/07-80010-007 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:** *Pansy G. Mingo*

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

*3/21/07*

Date

Daytime Phone #

*(954)943-8340*