

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000030273**

1. Entity Name  
1313 GROUP, L.L.C.



Principal Place of Business  
1313 S. KILLIAN DRIVE  
LAKE PARK, FL 33403

Mailing Address  
1313 S. KILLIAN DRIVE  
LAKE PARK, FL 33403



01182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
45-0491279

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

KRYDA, WILLIAM C  
1313 S. KILLIAN DRIVE  
LAKE PARK, FL 33403

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000927084  
05/20/08-80092-008 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	KRYDA, WILLIAM C
STREET ADDRESS	1313 S. KILLIAN DRIVE
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	MGRM
NAME	KLEIN-KRYDA, GABRIELE M
STREET ADDRESS	1313 S. KILLIAN DRIVE
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

04/23/08

Date

Daytime Phone # \_\_\_\_\_