

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000032244

1. Entity Name
10TH AVENUE, L.L.C.



Principal Place of Business
1461 KINETIC ROAD
LAKE PARK, FL 33403

Mailing Address
1461 KINETIC ROAD
LAKE PARK, FL 33403



04092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0570899	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AHRENS, RICHARD
1461 KINETIC ROAD
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

U000000927086
05/20/08-80092-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AHRENS, RICHARD 1461 KINETIC ROAD LAKE PARK, FL 33403
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTES, TOI 1461 KINETIC ROAD LAKE PARK, FL 33403
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AHRENS, BARBARA 1461 KINETIC ROAD LAKE PARK, FL 33403
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANDEVCO, LLC 1461 KINETIC ROAD LAKE PARK, FL 33403
--	---

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: *X Barbara Ahrens*

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

Date

Daytime Phone #

4/21/08