

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000035247

1. Entity Name  
611 NE 13 STREET, LLC



Principal Place of Business  
514 N.E. 13TH STREET  
FORT LAUDERDALE, FL 33304

Mailing Address  
514 N.E. 13TH STREET  
FORT LAUDERDALE, FL 33304



01102007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
71-0926485

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

CAGLIANONE, PAMELA  
514 N.E. 13TH STREET  
FORT LAUDERDALE, FL 33304

**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**

000000587606  
01/17/07-80039-017 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CAGLIANONE, DERRICK  
514 N.E. 13TH STREET  
FORT LAUDERDALE, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CAGLIANONE, PAMELA  
514 N.E. 13TH STREET  
FORT LAUDERDALE, FL 33304

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

**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 #

*Pamela Caglianone Mgr Pamela Caglianone* 1/10/07