

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90017 016 ****50.00

DOCUMENT # L03000003327

1. Entity Name
GASPENDAN, LLC



Principal Place of Business
1200 N. FEDERAL HWY., STE. 301
BOCA RATON, FL 33432

Mailing Address
1200 N. FEDERAL HWY., STE. 301
BOCA RATON, FL 33432

24065604



2. Principal Place of Business
3299 NW 2nd Ave
Suite, Apt. #, etc.

3. Mailing Address
3351 NW 2nd Ave
Suite, Apt. #, etc.

04262004 Chg-LLC CR2E083 (10/03)

City & State
Boca Raton FL
Zip
33431
Country
USA

City & State
Boca Raton FL
Zip
33431
Country
USA

4. FEI Number
56-2322820
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBOW, ALLEN ESQ
1200 N. FEDERAL HWY., STE. 301
BOCA RATON, FL 33432
3351 NW 2nd Ave
Boca Raton, FL 33431

Name
LIBOW, ALLEN ESQ
Street Address (P.O. Box Number is Not Acceptable)
3351 NW 2nd Ave
City
Boca Raton FL Zip Code
33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Allen H Libow
3351 NW 2nd Ave
Boca Raton, FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Benjamin Waldshan
3351 NW 2nd Ave
Boca Raton, FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Allen H. Libow

561-367-7300