

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90075 009 ***138.75

DOCUMENT # L03000008314

1. Entity Name
FLANIGAN & CULLIFER L.L.C.



Principal Place of Business
**400 S. US HIGHWAY ONE
SUITE #4
JUPITER, FL 33477**

Mailing Address
**400 S. US HIGHWAY ONE
SUITE #4
JUPITER, FL 33477**

60019523



02062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1176986

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRVIN, D.R. ESQ
~~OCEANSIDE PROFESSIONAL CENTRE - 108 Intracoastal~~
~~1000 EAST INDIANTOWN ROAD, STE. 102~~ *Pointe Dr.*
~~JUPITER, FL 33477~~ *Suite 300*
Jupiter, FL 33477

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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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CULLIFER, RICHARD H
400 S. US HIGHWAY ONE, SUITE #4
JUPITER, FL 33477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLANIGAN, PAUL
145 SW 10TH ST.
FORT LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

Richard H. Cullifer *3/19/08* *(561) 748-5828*