

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000013266

1. Entity Name
APPD ASSOCIATES, L.L.C.



Principal Place of Business
7369 SHERIDAN ST.
#201
HOLLYWOOD, FL 33024

Mailing Address
7369 SHERIDAN ST.
#201
HOLLYWOOD, FL 33024



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0478300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRUNT, BRUCE
7369 SHERIDAN ST #201
HOLLYWOOD, FL 33024

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEAN, PHILLIP
7369 SHERIDAN ST. #201
HOLLYWOOD, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEAN, PHYLLIS M
7369 SHERIDAN ST. #201
HOLLYWOOD, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEAN, ARTHUR
7369 SHERIDAN ST. #201
HOLLYWOOD, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000689653
04/11/07-80044-011 50.00

**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:

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

3/30/07

Date

954 981-7940

Daytime Phone #