

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000016556**

1. Entity Name  
523 OGSTON STREET, LLC



Principal Place of Business  
3030 S. DIXIE HWY., STE. 5  
WEST PALM BEACH, FL 33405-1539

Mailing Address  
3030 S. DIXIE HWY., STE. 5  
WEST PALM BEACH, FL 33405-1539



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1255092

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

SNED, WILLIAM H JR  
3030 S. DIXIE HWY., STE. 5  
WEST PALM BEACH, FL 33405-1539

**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**

000000945278  
03/13/08-80032-016 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SNED, WILLIAM H JR
STREET ADDRESS	3030 S. DIXIE HWY., STE. 5
CITY-ST-ZIP	WEST PALM BEACH, FL 334051539

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*William H Sned*

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

Date

Daytime Phone #