

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90046 019 ****50.00

DOCUMENT # L03000016607

1. Entity Name
99CENT STUFF - KENDALL, LLC



Principal Place of Business
**1801 CLINT MOORE RD., STE. 205
BOCA RATON, FL 33487**

Mailing Address
**1801 CLINT MOORE RD., STE. 205
BOCA RATON, FL 33487**

20050982



2. Principal Place of Business

3. Mailing Address

01282005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-0233210

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**POWERS, DAVID J P.A.
7777 GLADES RD., STE. 300
BOCA RATON, FL 33434**

Name
Ronald M. Gache, P.A.
Street Address (P.O. Box Number is Not Acceptable)
One North Clematis Street
Suite 500
City
West Palm Beach **FL** Zip Code
33401

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/9/05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
ZIMMERMAN, RAYMOND
1801 CLINT MOORE RD., STE. 205
BOCA RATON, FL 33487** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOO
BILMES, BARRY
1801 CLINT MOORE RD., STE. 205
BOCA RATON, FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
BILMES, BARRY
1801 Clint Moore Rd., Suite 205
Boca Raton, FL 33487** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3.5.05 *561 999-9815*
Date Daytime Phone #