

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000024863

1. Entity Name
441 LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 20 AM 11:41

Principal Place of Business
**3511 NE 22 AVENUE
FORT LAUDERDALE, FL 33308**

Mailing Address
**3511 NE 22 AVENUE
FORT LAUDERDALE, FL 33308**

DO NOT WRITE IN THIS SPACE

01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0083287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALBANESE, ARVID L
3511 NE 22 AVENUE, SUITE 350
FORT LAUDERDALE, FL 33308**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBANESE, ARVID L 3511 NE 22 AVENUE FORT LAUDERDALE, FL 33308
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02/10/04--90107--037--\$50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #