

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000030113

1. Entity Name
C L A S REALTY ASSOCIATES, LLC



Principal Place of Business
717 N.W. 2ND ST.
HALLANDALE, FL 33009

Mailing Address
717 N.W. 2ND ST.
HALLANDALE, FL 33009



07062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0154361

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, ARTHUR
717 NW 2ND ST
HALLANDALE, FL, FL 33009

**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 Arthur S. Phillips ARTHUR S. Phillips 06 July 2007
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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PHILLIPS, ARTHUR
717 N.W. 2ND ST.
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PHILLIPS, SANDY
717 N.W. 2ND ST.
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000768593
07/13/07-80004-007 50.00

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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: Arthur S. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

10 July 07 954
Date Daytime Phone # 456-5444