

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90128 012 ****50.00

DOCUMENT # L03000036089

1. Entity Name
PARKLAND MEWS STABLES, LLC



Principal Place of Business
11162 APPLGATE CIRCLE
BOYNTON BEACH, FL 33437

Mailing Address
11162 APPLGATE CIRCLE
BOYNTON BEACH, FL 33437

20000615



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
45-0524171

Applied For
Not Applicable

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

WALTER H. MESSICK, P.A.
1900 CORPORATE BLVD.
SUITE 200 EAST
BOCA RATON, FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P
NAME ANGELILLO, CARLO ☐ Delete
STREET ADDRESS 11162 APPLGATE CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

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

TITLE V
NAME BERGER, WALTER ☐ Delete
STREET ADDRESS 8447 BOCA GLADES BLVD. E
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE V
NAME BERGER, WALTER ☒ Change ☐ Addition
STREET ADDRESS 14409 67TH TRAIL NORTH PALM BEACH GARDENS
CITY-ST-ZIP FL 33418

TITLE S
NAME CUSIMANO, CHRISTOPHER JR. ☐ Delete
STREET ADDRESS 6627 STRATFORD DR.
CITY-ST-ZIP PARKLAND, FL 33067

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Carlo Angelillo CARLO ANGELILLO 1-8-07 561-715-6732

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

Date

Daytime Phone #