


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90041 007 ***138.75

DOCUMENT # L03000037759			
1. Entity Name VOLUNTEER PROPERTIES OF LAKE WORTH, LLC			
Principal Place of Business 4445 PINE FOREST DR LAKE WORTH, FL 33463		Mailing Address 4 WEST DANIA BEACH BLVD DANIA, FL 33004	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4700 SHERIDAN STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE B	
City & State		City & State HOLLYWOOD, FL	
Zip	Country	Zip	Country
33004	USA	33021	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROSS, K C 4 WEST DANIA BEACH BLVD DANIA, FL 33004		Name CROSS, KC Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B City HOLLYWOOD FL Zip Code 33021	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, K C 4 WEST DANIA BEACH BLVD DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGEM CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		4/30/08 954-367-4563	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



60039344

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0629173 Applied For Not Applicable

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