

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90064 003 ***138.75

| | | | | | |
|---|--|---|--|--|---|
| DOCUMENT # L03000040993 | | | | | |
| 1. Entity Name 811 PALM PLAZA, LLC | | | | | |
| Principal Place of Business 811 PALM PLAZA 811 SE 8TH AVENUE OFFICE #10 DEERFIELD BEACH, FL 33441 | | | Mailing Address 811 PALM PLAZA 811 SE 8TH AVENUE OFFICE #10 DEERFIELD BEACH, FL 33441 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-2947550 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZIMMERMAN, STEPHEN L ESQ 737 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33060 | | | 7. Name and Address of New Registered Agent Name <u>MANGIARANO, FRANCESCO</u> Street Address (P.O. Box Number is Not Acceptable) <u>1631 RIVERVIEW RD. #508</u> City <u>DEERFIELD BEACH</u> <u>FL</u> Zip Code <u>33441</u> | | |
| 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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>1/15/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| 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 | MGR MANGIARANO, FRANCESCO 1646 S.E. 3RD CT. DEERFIELD BEACH, FL 33441 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MANGIARANO, FRANCESCO 1631 RIVERVIEW RD. APT #508 DEERFIELD BEACH FL 33441 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAVONE, JULIO 1646 SE 3RD CT DEERFIELD BEACH, FL 33441 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | DATE <u>1/15/08</u> (516) 883-6869 <small>Daytime Phone #</small> | |

60004648



01152008 Chg-LLC CR2E083 (12/06)

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

Name MANGIARANO, FRANCESCO

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

1631 RIVERVIEW RD. #508

City DEERFIELD BEACH

FL

Zip Code 33441

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MANGIARANO, FRANCESCO
1646 S.E. 3RD CT.
DEERFIELD BEACH, FL 33441

☐ Delete

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

1/15/08

(516) 883-6869

DATE

Daytime Phone #