

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90037 015 ****50.00

DOCUMENT # L03000042611

1. Entity Name
FLORIDA RENTAL & MANAGEMENT LLC



Principal Place of Business
3861 NE 15TH AVE.
POMPANO BEACH, FL 33064 US

Mailing Address
P.O. BOX 1005
AUBURNDALE, FL 33823 US

20026762



2. Principal Place of Business

251 S. GOLF BLVD
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1005
Suite, Apt. #, etc.

04062006 Chg-LLC CR2E083 (11/05)

City & State
POMPANO BEACH, FL
Zip Country
33064 BROWARD

City & State
AUBURNDALE, FL
Zip Country
33823 POLK

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUGEL, JANICE
3861 NE 15TH AVE.
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name **JANICE GUGEL**
Street Address (P.O. Box Number is Not Acceptable) **251 S. GOLF BLVD**
City **POMPANO BEACH** **FL** **Zip Code** **33064**

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ **Delete**
NAME **GUGEL, CHARLES SCOTT**
STREET ADDRESS **3861 NE 15TH AVE.**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ **Change** ☐ **Addition**
NAME **CHARLES SCOTT GUGEL**
STREET ADDRESS **PO Box 1005**
CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE **MGR** ☐ **Change** ☒ **Addition**
NAME **DONALD GUGEL**
STREET ADDRESS **PO Box 976**
CITY-ST-ZIP **AUBURNDALE, FL 33823**

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

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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: **CHARLES GUGEL, MGR**

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

Date

Daytime Phone #

863 -
4/6/06 **551/707**