

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000042920**

1. Entity Name  
3411 BUILDING, L.L.C.



Principal Place of Business  
3400 SW 10 STREET  
DEERFIELD BEACH, FL 33442

Mailing Address  
3400 SW 10 STREET  
DEERFIELD BEACH, FL 33442



02202008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3773693

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CABRERA, MILLIE TRUSTEE  
3400 SW 10 STREET  
DEERFIELD BEACH, FL 33442

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BROCKWAY, ROBERT TRUSTEE
STREET ADDRESS	3400 SW 10 ST
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGRM
NAME	BROCKWAY, KATHLEEN L TRUSTEE
STREET ADDRESS	3400 SW 10 ST
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGRM
NAME	CABRERA, ANGEL-TRUSTEE
STREET ADDRESS	3400 SW 10 STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000841602  
03/10/08-80024-008 138.75

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Date

Daytime Phone #

2-20-08