

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000053113

1. Entity Name
RMN CONDO OFFICE, LLC



Principal Place of Business
3325 SOUTH UNIVERSITY DRIVE
210
DAVIE, FL 33328

Mailing Address
3325 SOUTH UNIVERSITY DRIVE
210
DAVIE, FL 33328



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0481801

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, BARRY
3325 SOUTH UNIVERSITY DRIVE
210
DAVIE, FL 33328

**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 MGR
NAME ROSS, BARRY
STREET ADDRESS 3325 S. UNIVERISTY DRIVE SUITE 210
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE MGR
NAME MATZ, WILLIAM
STREET ADDRESS 3325 S. UNIVERISTY DRIVE SUITE 210
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE MGR
NAME NEWMAN, FREDERIC D
STREET ADDRESS 3325 S. UNIVERISTY DRIVE SUITE 210
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000851352
03/25/08-80036-010 138.75

**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:

Barry Ross Mgr

1-17-08

951-452-5000

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

Date

Daytime Phone #