

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2008 90028 011 ***138.75

60038699



04222008 Chg-LLC CR2E083 (12/06)

4. FFI Number **26-0428149** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L04000009463

1. Entity Name
PARKLAND LOT, LLC



Principal Place of Business
**2701 NW 2ND AVE
211
BOCA RATON, FL 33431 US**

Mailing Address
**2701 NW 2ND AVE
211
BOCA RATON, FL 33431 US**

2. Principal Place of Business - No P.O. Box #
**6574 N State Rd 7
Suite, Apt. #, etc. #315**

3. Mailing Address
**6574 N State Rd 7
Suite, Apt. #, etc. #315**

City & State
Coconut Creek, FL
Zip **33073** Country **US**

City & State
Coconut Creek, FL
Zip **33073** Country **US**

6. Name and Address of Current Registered Agent

**CARUSO, MICHAEL
2701 NW 2ND AVE
211
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address
3275 W Hillsboro Blvd, Ste # 312

City **Deerfield Beach** FL Zip **33442**

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)

4.30.08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERCEDE, SKY C 23122 B SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6574 N State Rd 7 # 315 Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

4.30.08

Date

Daytime Phone #