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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014996

1. Entity Name
PARK PLACE VENTURES, LLC



FILED

06 MAY 16 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012006 Chg-LLC CR2E083 (11/05)

Principal Place of Business
13790 N.W. 4TH STREET, SUITE 113
SUNRISE, FL 33325

Mailing Address
13790 N.W. 4TH STREET, SUITE 113
SUNRISE, FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-1340009

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZEDECK, LEONARD E
13790 N.W. 4TH STREET, SUITE 113
SUNRISE, FL 33325

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
ZEDECK, LEONARD E
13790 NW 4 ST. #113
FORT LAUDERDALE, FL 33325

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager
Zedek Leonard E.
13790 NW 4 ST. #113
Sunrise, FL 33325

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5/5/23

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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

LEONARD E. ZEDICK

Date

Daytime Phone #

5/1/06