

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90293 017 ****50.00

DOCUMENT # L04000018699

1. Entity Name
9235-4-410 ISLE OF SANDALFOOT, LLC



Principal Place of Business
3860 N. POWERLINE ROAD, SUITE 200
POMPANO BEACH, FL 33073

Mailing Address
3860 N. POWERLINE ROAD, SUITE 200
POMPANO BEACH, FL 33073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0843901

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, JEFFREY B ESQ.
3300 UNIVERSITY DRIVE, SUITE 711
CORAL SPRINGS, FL 33065

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 May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME SAMUELS, JONATHAN
STREET ADDRESS 3860 NORTH POWERLINE STREET #200
CITY-ST-ZIP POMPANO BEACH, FL 33073

TITLE MGRM ☒ Change ☐ Addition
NAME PROVEST REAL ESTATE HOLDINGS, LLC
STREET ADDRESS 3860 NORTH POWERLINE ROAD, SUITE 200
CITY-ST-ZIP POMPANO BEACH, FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

J. SAMUELS

03-10-06

954-917-1998

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

Date

Daytime Phone #