

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000021744**

1. Entity Name  
3007 YAMATO ROAD, LLC



Principal Place of Business

3007 YAMATO RD  
BOCA RATON, FL 33434

Mailing Address

6574 GARDE ROAD  
C/O JOSEPH ROGOVIN  
BOYNTON BEACH, FL 33437



04092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0984885

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGOVIN, JOSEPH  
6574 GARDE ROAD  
BOYNTON BEACH, FL 33437

**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**

U000000913415  
05/08/08-80015-009 138.75

9. MANAGING MEMBERS/MANAGERS

|                |                         |
|----------------|-------------------------|
| TITLE          | MGRM                    |
| NAME           | ROGOVIN, JOSEPH         |
| STREET ADDRESS | 6574 GARDE RD           |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33437 |
| TITLE          | MGRM                    |
| NAME           | ROGOVIN, ROSALIE        |
| STREET ADDRESS | 6574 GARDE RD           |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33437 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

**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

Joseph Rogovin

4-14-08

Date

(561)455-8861

Daytime Phone #