

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90044 025 \*\*\*\*50.00

**DOCUMENT # L04000026361**

1. Entity Name  
**THE FLORIDA GROUP, LLC**



Principal Place of Business  
**1455 NORTH PARK DRIVE  
WESTON, FL 33326 US**

Mailing Address  
**1455 NORTH PARK DRIVE  
WESTON, FL 33326 US**

**40103454**



2. Principal Place of Business

3. Mailing Address

**349 Center Island**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

**Golden Beach, FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

**33160**

Country

**US**

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

**SMOLEY, ROBERT  
1455 NORTH PARK DRIVE  
WESTON, FL 33326**

Name

**Ralph Velocci**

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

**349 Center Island**

City

**Golden Beach**

**FL**

Zip Code

**33160**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
VELOCCI, RALPH (Liverpool Investments, LLC)  
1455 NORTH PARK DRIVE  
WESTON, FL 33326**

☐ Delete

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

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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

Date

Daytime Phone #