

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90108 030 ****50.00

DOCUMENT # L04000029369

1. Entity Name
PEMBROKE-DAHARI, LLC



Principal Place of Business
**2439 PEMBROKE ROAD
HOLLYWOOD, FL 33020**

Mailing Address
**2439 PEMBROKE ROAD
HOLLYWOOD, FL 33020**

DO NOT WRITE IN THIS SPACE



06052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
84-1676211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAHARI, ZION
3914 ISLAND ESTATES DRIVE
AVENTURA, FL 33161**

**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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAHARI, ZION
3914 ISLAND ESTATES DRIVE
AVENTURA, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAHARI, EZRA
19501 COUNTRY CLUN DR., SPT 1212
AVENTURA, FL ~~33180~~ 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Ezra Dahari*

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

6-5-07

Date

954 347 6686

Daytime Phone #