

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8. **FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90066 011 \*\*\*\*50.00

<b>DOCUMENT # L04000032757</b> 1. Entity Name <b>EXODUS, LLC</b>					
Principal Place of Business <b>728 NW 177TH AVENUE PEMBROKE PINES, FL 33029</b>			Mailing Address <b>728 NW 177TH AVENUE PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 08082005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GELMAN, ALLEN 728 NW 177TH AVENUE PEMBROKE PINES, FL 33029</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>GELMAN, ALLEN 728 NW 177TH AVENUE PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: ALLEN GELMAN</b>			<b>8/8/05 954-742-8999</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

39010964





**ATTACHMENT**  
**300109621**  
**Division of Corporations**

**2005 Annual Report**

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	L04000032757
Business Entity Name	EXODUS, LLC
Original File Date	04/29/2004

**FEI Number**

**Principal Address** 728 NW 177TH AVENUE  
PEMBROKE PINES, FL 33029

**Mailing Address** 728 NW 177TH AVENUE  
PEMBROKE PINES, FL 33029

**Registered Agent** ALLEN GELMAN  
728 NW 177TH AVENUE  
PEMBROKE PINES, FL 33029 US

**Managing Member/Manager Name And Address**

MGR  
ALLEN GELMAN  
728 NW 177TH AVENUE  
PEMBROKE PINES, FL 33029

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