

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90275 014 *****50.00

DOCUMENT # L04000035164					
1. Entity Name 3160 WADSWORTH LLC					
Principal Place of Business 2451 NE 4TH AVENUE POMPANO BEACH, FL 33064			Mailing Address 2451 NE 4TH AVENUE POMPANO BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 650865412	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LLOYD GRANET, P.A. 2285 NW CORPORATE BLVD., SUITE 235 BOCA RATON, FL 33431-7330			7. Name and Address of New Registered Agent Name: Janet Solih, Esq. Street Address (P.O. Box Number is Not Acceptable): 2451 NE 4th AVE City: Pompano Beach FL Zip Code: 33064		
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: Janet Solih DATE: 4/5/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MAN MEM Sidney H Saville 2451 NE 4th Avenue Pompano Beach FL 33064 ☐ 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 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 606, Florida Statutes. SIGNATURE: Sidney H Saville DATE: 4/5/05 Signature and typed or printed name of existing managing member, manager, or authorized representative					

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