

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

8/2/2006-90049-006-\$55.00-\$55.00

FILED

**DOCUMENT # L04000036370**

1. Entity Name  
226 N.W. 14TH ST., LLC



06 NOV -1 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2340 N.W. 29TH ST  
FT LAUDERDALE, FL 33311

Mailing Address  
2340 N.W. 29TH ST  
FT LAUDERDALE, FL 33311



07052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1995497

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

GRISHAM, CLARENCE J  
2340 N.W. 29TH ST  
FT LAUDERDALE, FL 33311

**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 6, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
GRISHAM, CLARENCE J  
2340 NW 29TH STREET  
FORT LAUDERDALE, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
GRISHAM, HAZEL  
2340 NW 29TH STREET  
FORT LAUDERDALE, FL 33311

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

**DO NOT WRITE  
IN THIS SPACE**

**REINSTATEMENT**

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 SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #