

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000036370**

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



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

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



03022008No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000323727  
05/16/08-80041-021 143.75

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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** Clarence Grisham

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

4-15-08

Date

Daytime Phone #