2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000036373

1. Entity Name

230 N.W. 14TH ST., LLC



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

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



03022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1205923

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 000000923732 05/16/08-80041-023 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR GRISHAM, CLARENCE 2340 NW 29TH ST FORT LAUDERDALE, FL 33311 MGR
NAME STREET ADDRESS CITY-ST-ZIP	GRISHAM, HAZEL 2340 NW 29TH ST 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	
11. I hereby	certify that the information supplied with this filling does not qualify for the e

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 eath; 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: (Jarence De

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

Date

Daytime Phone #