

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90136 001 ****50.00

DOCUMENT # L04000043085

1. Entity Name
3718 LBM, LLC



Principal Place of Business
12700 TOWNSEND ROAD
PHILADELPHIA, PA 19154

Mailing Address
12700 TOWNSEND ROAD
PHILADELPHIA, PA 19154

2. Principal Place of Business
283 SECOND STREET PIKE

3. Mailing Address
283 SECOND STREET PIKE

Suite, Apt. #, etc.
SUITE 180

Suite, Apt. #, etc.
SUITE 180

City & State
SOUTHAMPTON PA

City & State
SOUTHAMPTON PA

Zip
18966

Country

Zip
18966

Country



03052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1213997

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDEEP, CHAWLA S
3718 L.B. MCLEOD ROAD
ORLANDO, FL, FL 32805

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CHAWLA, HARDEEP S ☒ Delete
STREET ADDRESS 12700 TOWNSEND ROAD
CITY-ST-ZIP PHILADELPHIA, PA 19154

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME CAHAN, NORMAN ☐ Change ☒ Addition
STREET ADDRESS 283 SECOND STREET PIKE - SUITE 180
CITY-ST-ZIP SOUTHAMPTON PA 18966

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Norman Cahan NORMAN CAHAN

5/1/05

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

Date

Daytime Phone #