

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90182 047 ****55.00

DOCUMENT # L04000047071

1. Entity Name
PENNY ANTE, LLC



Principal Place of Business
12620 CORAL LAKES DRIVE
BOYNTON BEACH, FL 33437

Mailing Address
12620 CORAL LAKES DRIVE
BOYNTON BEACH, FL 33437

20002404



2. Principal Place of Business
140 N. CONGRESS AVE
Suite, Apt. #, etc. 8A

3. Mailing Address
139 SUNSET AVE
Suite, Apt. #, etc.

01112005 Chg-LLC CR2E083 (10/03)

City & State
BOYNTON BEACH, FLA

City & State
ISLAND PARK, NY

4. FEI Number
20-1251760

Applied For
Not Applicable

Zip Country
33426 USA

Zip Country
11558 USA

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

6. Name and Address of Current Registered Agent

SHULDINER, JANET
12620 CORAL LAKES DRIVE
BOYNTON BEACH, FL 33437

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

Janet Shuldiner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MANAGING MEMBER JANET SHULDINER
STREET ADDRESS 12620 CORAL LAKES DRIVE
CITY-ST-ZIP BOYNTON BEACH, FLA 33437

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

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TITLE NAME

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:

Janet Shuldiner

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

Date

Daytime Phone #

1/12/05 (212) 330-9699