

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 24, 2007 08:00 A  
Secretary of State**

**DOCUMENT # L04000062187**

**1. Entity Name  
A&F ENTERPRISES, LLC**



**Principal Place of Business  
3880 COCONUT CREEK PARKWAY, SUITE 100  
COCONUT CREEK, FL 33066**

**Mailing Address  
3880 COCONUT CREEK PARKWAY, SUITE 100  
COCONUT CREEK, FL 33066**



01182007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-1531619**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**WACHS, JEFFREY S ESQ.  
1177 S.E. 3RD AVENUE  
FT. LAUDERDALE, FL 33316**

**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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
MGR  
ANGELILLO, MICHAEL P  
3880 COCONUT CREEK PARKWAY, SUITE 100  
COCONUT CREEK, FL 33066

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
MGR  
FLIGNOR, WILLIAM A  
3880 COCONUT CREEK PARKWAY, SUITE 100  
COCONUT CREEK, FL 33066

**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**

L040000620  
01/26/07-80015-021 50.00

**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: William A. Flignor, mo**

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

Date

Daytime Phone #

1-17-07 (954) 973-9666