

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L04000065011

1. Entity Name
71 ST TERRACE LLC



Principal Place of Business
C/O LISA J. MESSINA
5932 NW 54TH CIRCLE
CORAL SPRINGS, FL 33067

Mailing Address
C/O LISA J. MESSINA
5932 NW 54TH CIRCLE
CORAL SPRINGS, FL 33067



04022008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1521042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MESSINA, LISA J
5932 NW 54TH CIRCLE
CORAL SPRINGS, FL 33067

**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

U000000894528
04/24/08-80032-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MESSINA, LISA J
STREET ADDRESS	5932 NW 54TH CIRCLE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	MGR
NAME	TROIA, RASARIO
STREET ADDRESS	8753 WELLINGTON VIEW DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33411
TITLE	MGR
NAME	TROIA, AUDREY
STREET ADDRESS	8753 WELLINGTON VIEW DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33411
TITLE	
NAME	
STREET ADDRESS	
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:

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

Date

Daytime Phone #