

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000067346

Entity Name

IN CENTER AT DORAL, L.L.C.

Principal Place of Business

284 W. PALMETTO PARK ROAD, SUITE 106
BOCA RATON FL 33433

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DANIEL A. KASKEL, P.A.
7284 W. PALMETTO PARK ROAD,
BOCA RATON FL 33433

6. The above named entity submits this statement for the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and

9. MANAGING MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BERDUGO, ELIE 20175- Lakeside BOCA RATON FL 33433
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11. I hereby certify that the information supplied with this report is true and accurate and that the limited liability company or the receiver or trustee

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED
May 25, 2005 8:00 am
Secretary of State

04-25-2005 90100 015 ****50.00

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mailing Address
284 W. PALMETTO PARK ROAD, SUITE 106
BOCA RATON FL 33433

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Registered Agent

SUITE 108

30007349



1st MOORE CR2E083 (10/04)

4. FEI Number 201991866 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

MANAGERS

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20175- Lakeside

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ADDITIONS/CHANGES

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This filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/05 (501) 395