

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082342

1. Entity Name

BROWARD DUPLEX, LLC



Principal Place of Business

**15405 DE HAVILLAND COURT
WELLINGTON FL 33414
US**

Mailing Address

**P.O. BOX 540804
LAKE WORTH FL 33454
US**



1st MOORE CR2E083 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0111269

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAC MAHON, DERMOT P
1860 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH FL 33406**

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **HERRERA, EVELIO**
CITY-ST-ZIP **P.O. BOX 540804
LAKE WORTH FL 33454**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS **1100000447082**
CITY-ST-ZIP **03/08/06 00040-010 50.00**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **HERRERA, MILAGROS**
CITY-ST-ZIP **P.O. BOX 540804
LAKE WORTH FL 33454**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Milagros Herrera* *2/23/06* *954-214-8825*