

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90087 028 *****50.00

DOCUMENT # L04000086870

1. Entity Name

8460 PECONIC BAY BOULEVARD, LLC



Principal Place of Business

Mailing Address

3700 SOUTH OCEAN BOULEVARD
#608
HIGHLAND BEACH FL 33487
US

3700 SOUTH OCEAN BOULEVARD
#608
HIGHLAND BEACH FL 33487
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

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

CERVON, LAWRENCE J
3700 SOUTH OCEAN BOULEVARD, APT. 608
HIGHLAND BEACH FL 33487

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

NAME	STREET ADDRESS	CITY	ST	ZIP	DELETE	NAME	STREET ADDRESS	CITY	ST	ZIP	CHANGE	ADDITION
CERVON, LAWRENCE J	3700 SOUTH OCEAN BOULEVARD #608	HIGHLAND BEACH	FL	33487	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAWRENCE J. CERVON, MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/07 2122339