

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90124 038 ****50.00

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1. Entity Name
509 FEDERAL, LLC



Principal Place of Business
509 FEDERAL HIGHWAY
LAKE PARK, FL 33403

Mailing Address
PO BOX 13019
NORTH PALM BEACH, FL 33408

00001010



DO NOT WRITE IN THIS SPACE

03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
32-0137551

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELGESEN, ANDREW ESQ
11380 PROSPERITY FARMS ROAD, SUITE 201
PALM BEACH GARDENS, FL 33410

**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 MGR
NAME MULLANEY, DONALD K
STREET ADDRESS ~~5752 CORPORATE WAY~~ 14639 Crazy Horse Ln
CITY-ST-ZIP ~~WEST PALM BEACH, FL 33409~~ PB Gardens, FL 33418

TITLE MGR
NAME COSCIA, JACK
STREET ADDRESS ~~5725 CORPORATE WAY~~ 2340 Edward Rd
CITY-ST-ZIP ~~WEST PALM BEACH, FL 33409~~ PB Gardens, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Donald K Mullane*

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

3-30-07 561-615-6664

Date

Daytime Phone #