

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90027 031 ****55.00

DOCUMENT # L05000012149

1. Entity Name
IGRANT YOU LLC



Principal Place of Business
**6038 CORAL LAKE DRIVE
MARGATE, FL 33063 US**

Mailing Address
**6038 CORAL LAKE DRIVE
MARGATE, FL 33063 US**

60053669



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

4751 NW 49TH CT

3. Mailing Address

4751 NW 49TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262007 Chg-LLC CR2E083 (12/06)

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

25-1908423

Applied For

Not Applicable

Zip **33319**

Country **BROWARD**

Zip **33319**

Country **BROWARD**

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

6. Name and Address of Current Registered Agent

**SACS, JACQUELINE OWNER
4751 NW 49TH CT.
TAMARAC, FL 33319**

7. Name and Address of New Registered Agent

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

Jacqueline Sacs

7/26/07

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 September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SACS, JACQUELINE OWNER**
STREET ADDRESS **4751 NW 49 CT**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition
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 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

Jacqueline Sacs **7/26/07**