

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90035 049 \*\*\*\*55.00

**DOCUMENT # L05000012694**

1. Entity Name

AND - RICH, LLC



Principal Place of Business

700 WEST PALMETTO PARK ROAD  
BOCA RATON  
FL 33486

Mailing Address

700 WEST PALMETTO PARK ROAD  
BOCA RATON  
FL 33486

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

20-2289832

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKIE, LAWRENCE E  
3326 NE 33RD STREET  
FORT LAUDERDALE FL 33308

Name **ANDREW MOLINARI**

Street Address (P.O. Box Number is Not Acceptable)  
**700 WEST PALMETTO PARK ROAD**

City **BOCA RATON**

FL

Zip Code **33486**

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

*Andrew Molinari*, **ANDREW MOLINARI, MGR, 4/20/06**

Signature, typed or printed name of registered agent and title if applicable.

(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, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MOLINARI, ANDREW**  
STREET ADDRESS **700 WEST PALMETTO PARK ROAD**  
CITY - ST - ZIP **BOCA RATON FL 33486**

TITLE **MGRM** ☐ Delete  
NAME **LENDINO, RICHARD**  
STREET ADDRESS **24 AMITYVILLE ROAD**  
CITY - ST - ZIP **MELVILLE NY 11747**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY - ST - ZIP

10. ADDITIONS / CHANGES

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

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

SIGNATURE:

*Andrew Molinari*, **ANDREW MOLINARI, MGR, 4/20/06, (561)361-4435**

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

Date

Daytime Phone #