

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000022222

1. Entity Name
119 SQUARE LAKE SOUTH, LLC



Principal Place of Business

8409 N MILITARY TRL
STE 119
PALM BEACH GARDENS, FL 33410 US

Mailing Address

8409 N MILITARY TRL
STE 119
PALM BEACH GARDENS, FL 33410 US

FILED
Apr 02, 2007 08:00 AM
Secretary of State



03302007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

20-2446583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIRCLOUGH, MICHAEL J
8409 N MILITARY TRL
STE 119
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	FAIRCLOUGH, MICHAEL J
STREET ADDRESS	10274 OSPREY TRACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	MGR
NAME	FAIRCLOUGH, CLAIRE D
STREET ADDRESS	10274 OSPREY TRACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80013-009 50.00

**DO NOT WRITE
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: 23.7.1

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

Date 23/30/07

Daytime Phone # _____