

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 FEB 12 AM 11:38

DOCUMENT # L05000026177

1. Entity Name  
6208 LAKEFRONT, LLC



Principal Place of Business  
14851 - 64TH WAY NO.  
PALM BEACH GARDENS, FL 33418

Mailing Address  
14851 - 64TH WAY NO.  
PALM BEACH GARDENS, FL 33418



2. Principal Place of Business - No P.O. Box #  
4278 Hickory Drive  
Suite Apt # etc

3. Mailing Address  
4278 Hickory Drive  
Suite Apt # etc

01282008 Chg-LLC CR2E083 (12/08)

City & State  
Palm Beach Gardens, FL  
Zip  
33418  
Country  
USA

City & State  
Palm Beach Gardens, FL  
Zip  
33418  
Country  
USA

4. FEI Number  
55-0892471

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SMITH, SCOTT D  
14851 - 64TH WAY NO.  
PALM BEACH GARDENS, FL 33418

## 7. Name and Address of New Registered Agent

Name  
David R. Smith

Street Address (P.O. Box Number is Not Acceptable)

4278 Hickory Drive

City  
Palm Beach Gardens

FL

Zip Code  
33418

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

*Scott D. Smith*

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

(NOTE: Registered Agent signature required when reinstating)

2/2/08

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SMITH SCOTT D  
14851 - 64TH WAY NO  
PALM BEACH GARDENS, FL 33418 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
David R. Smith  
4278 Hickory Dr.  
Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
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02/12/08--01003--008 \*\*163.75

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

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

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

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:

*Scott D. Smith*

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

2/2/08

DATE

561-719-5133

Daytime Phone #