

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90074 016 ****50.00

DOCUMENT # L05000027562

1. Entity Name

AMY BROYLES, LLC



Principal Place of Business

2850 N. ANDREWS AVE
FT. LAUDERDALE FL 33311

Mailing Address

2850 N. ANDREWS AVE
FT. LAUDERDALE FL 33311



2. Principal Place of Business

3. Mailing Address

2046 NE 15 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

City & State

Florida

Zip

Country

Zip

33304

Country

4. FEI Number

20-CC-0142

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

ZADEN, RICHARD J ESQ.
23850 N. ANDREWS AVE
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

AMY BROYLES

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

2046 NE 15 Street

FT. LAUDERDALE

City

FL

Zip Code

33304

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]

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

(NOTE: Registered Agent signature required when resigning)

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: MGRM ☐ Delete
NAME: BROYLES, AMY
STREET ADDRESS: 2850 N. ANDREWS AVE
CITY-ST-ZIP: FT. LAUDERDALE FL 33311

TITLE: MGR ☐ Delete
NAME: SARDUY, JOSEPH E
STREET ADDRESS: 2850 N. ANDREWS AVE
CITY-ST-ZIP: FT. LAUDERDALE FL 33311

TITLE: MGR ☐ Delete
NAME: WARDELL, PHILLIP M
STREET ADDRESS: 2850 N. ANDREWS AVE
CITY-ST-ZIP: FT. LAUDERDALE FL 33311

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
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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 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

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

Date

Daytime Phone #

3-27-06 954 614-2077