

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90271 042 ***138.75

DOCUMENT # L05000027891

1. Entity Name
THOMAS LINDSEY II, LLC



Principal Place of Business
**1518 EAST LAKE DRIVE
FORT LAUDERDALE, FL 33316**

Mailing Address
**1518 EAST LAKE DRIVE
FORT LAUDERDALE, FL 33316**

60014557



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

3. Mailing Address

225 NE m.2nd Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

685

City & State

Boca Raton, FL

03072008 Chg-LLC CR2E083 (12/06)

Zip

Country

Zip

33432

Country

Palm Beach

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LINDSEY HOLDINGS, INC
PO BOX 460325
FORT LAUDERDALE, FL 33346** ☐ Delete

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

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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: T. Lindsey for Lindsey Holdings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/13/08 (954) 648-7543