

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90172 017 ****50.00

DOCUMENT # L05000037630

1. Entity Name
ARCADIA US19-16, LLC



Principal Place of Business

20325 NE 15 CT
Miami FL 33179

Mailing Address

11764 W SAMPLE RD STE 101
CORAL SPRINGS, FL 33065

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

3. Mailing Address

20325 NE 15 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

Miami FL

4. FEI Number

20-2672770

Applied For

Not Applicable

Zip

Country

Zip

Country

33179

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIEP, BINH YEN
3611 FARRAGUT ST
HOLLYWOOD, FL 33021

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DIEP, BINH YEN
STREET ADDRESS 3611 FARRAGUT ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

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

TITLE MGR ☐ Delete
NAME HUA, LAURIS
STREET ADDRESS 12722 NW 18TH CT
CITY-ST-ZIP PEMBROKE PINES, FL 33028

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

3/12/07

Date

305 770 1488

Daytime Phone #