

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90027 018 ***138.75

60037109



04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-2782136** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

GOSSETT, RONALD P
4700 SHERIDAN STREET
BUILDING I
HOLLYWOOD, FL 33021

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 reappointing)

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

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	ORR, BETTY B	
STREET ADDRESS	405 SW 16TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ORR, JAMES T	
STREET ADDRESS	9705 N. NEW RIVER CANAL ROAD, #203	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ORR, RICHARD L	
STREET ADDRESS	815 SW 30TH STREET, UNIT K	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IARIA, KAREN K	
STREET ADDRESS	4064 SW 3RD STREET	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IARIA, FRANK A	
STREET ADDRESS	4064 SW 3RD STREET	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Richard L. Orr **Richard L. Orr** 4-28-08

954-523-3453