

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90041 005 \*\*\*138.75

**DOCUMENT # L05000042396**

1. Entity Name  
**REGENCY WAREHOUSE, LLC**



Principal Place of Business  
**801 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301**

Mailing Address  
**801 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301**

**60020843**



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

**73 S.W. 12th AVE**

3. Mailing Address

**73 S.W. 12th AVE**

Suite, Apt. #, etc.

**# 103**

Suite, Apt. #, etc.

**# 103**

04022008

Chg-LLC

CR2E083 (12/06)

City & State

**Dania Beach, FL**

City & State

**DANIA BEACH, FL**

4. FEI Number

**20-2769032**

Applied For

Not Applicable

Zip

**33004**

Country

Zip

**33004**

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SAKA, MICHAEL  
801 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

**Michael Saka**

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

**3**

**73 S.W. 12th AVE #103**

City

**Dania Beach**

FL

Zip Code

**33004**

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

TITLE **MGRM** ☐ Delete  
NAME **SAKA, MICHAEL**  
STREET ADDRESS **801 EAST LAS OLAS BLVD.**  
CITY - ST - ZIP **FT. LAUDERDALE, FL 33301**

TITLE **MGRM** ☐ Delete  
NAME **DWECK, SAMUEL**  
STREET ADDRESS **801 EAST LAS OLAS BLVD.**  
CITY - ST - ZIP **FT. LAUDERDALE, FL 33301**

TITLE **MGRM** ☐ Delete  
NAME **LEVY, ALBERT**  
STREET ADDRESS **801 EAST LAS OLAS BLVD.**  
CITY - ST - ZIP **FT. LAUDERDALE, FL 33301**

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 **73 SW 12th Ave Ste. #103**  
CITY - ST - ZIP **DANIA BEACH, FL 33004**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #