

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000048051

1. Entity Name
4511 WAREHOUSE, L.L.C.



Principal Place of Business
**15405 DE HAVILLAND COURT
WELLINGTON, FL 33414 US**

Mailing Address
**P.O. BOX 540804
LAKE WORTH, FL 33454 US**

DO NOT WRITE IN THIS SPACE



03192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2923867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAC MAHON, DERMOT P
1860 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33406**

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IN THIS SPACE**

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**

000000874725
04/11/08-80004-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERRERA, EVELIO
P.O. BOX 540804
LAKE WORTH, FL 33454**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERRERA, MILAGROS
P.O. BOX 540804
LAKE WORTH, FL 33454**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/26/08

Date

Daytime Phone # _____