

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90165 001 ***100.00

DOCUMENT # L05000048846

1. Entity Name
SENSATIONAL RAYZ OF DELRAY BEACH, LLC



Principal Place of Business
**1161 DELRAY LAKES DR.
DELRAY BEACH, FL 33444**

Mailing Address
**1161 DELRAY LAKES DR.
DELRAY BEACH, FL 33444**

30007002

2. Principal Place of Business
460 N.E. 5th AVENUE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



04272006 Chg-LLC CR2E083 (11/05)

City & State
DELRAY BEACH
Zip
FL

City & State
Zip
33483

4. FEI Number
20-2821766

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHOSID, RICHARD G
1901 W. CYPRESS CREEK ROAD, #406
FORT LAUDERDALE, FL 33309**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **O'ROURKE, ANNE M**
STREET ADDRESS **1161 DELRAY LAKES DR.**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE **MGRM** ☐ Delete
NAME **O'ROURKE, DENNIS P**
STREET ADDRESS **1161 DELRAY LAKES DR.**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Anne O'Rourke

5-01-06

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

Date

Daytime Phone #