

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000068800

1. Entity Name

484 DUNNELLON ACREAGE, LLC



Principal Place of Business

5151 NW 17ST
MARGATE, FL 33063

Mailing Address

5151 NW 17ST
MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACK, MICHAEL
5151 NW 17ST
MARGATE, FL 33063

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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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BLACK, WENDY
STREET ADDRESS 5151 NW 17ST
CITY-ST-ZIP MARGATE, FL 33063

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07/24/08-80001-024 138.75

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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

WENDY BLACK

7-21-08

Date

954-344-2921

Daytime Phone #