

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 09, 2006 8:00 am
Secretary of State

01-11-2006 90012 003 ****55.00

DOCUMENT # L05000073161

1. Entity Name
4113 REGENCY PALMS, LLC



Principal Place of Business
4113 E. LINEBAUGH AVENUE, UNIT 307
TAMPA, FL 33617

Mailing Address
4113 E. LINEBAUGH AVENUE, UNIT 307
TAMPA, FL 33617



2. Principal Place of Business

3. Mailing Address

3768 W COQUINA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WESTON FL 33332

Zip

Country

Zip

Country

BROWARD

01082006 Chg-LLC CR2E083 (11/05)

4. FEI Number

81-0678726

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M
2400 EAST COMMERCIAL BOULEVARD, SUITE 820
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name - SORIN ARDELEAN

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

3768 W COQUINA WAY

City WESTON

FL

Zip Code

33332

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 exercising)

DATE

1/8/06

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ARDELEAN, SORIN
STREET ADDRESS 4113 E. LINEBAUGH AVENUE, UNIT 307
CITY-ST-ZIP TAMPA, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ARDELEAN, SORIN
STREET ADDRESS 3768 W COQUINA WAY
CITY-ST-ZIP WESTON FL 33332 ☐ Change ☐ Addition

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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

1/8/06

Date

Daytime Phone #



ATTACHMENT 30000376

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2006

4113 REGENCY PALMS, LLC
3768 W COQUINA WAY
WESTON, FL 33332

Subject: 4113 REGENCY PALMS, LLC

Reference Number: L05000073161

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION