

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

May 03, 2007 08:00 A
Secretary of State

DOCUMENT-# L05000076925

1. Entity Name

630 WILDMERE RD., LLC



Principal Place of Business

Mailing Address

20051 N.E. 37TH CT.
AVENTURA FL 33180
US

20051 N.E. 37TH CT.
AVENTURA FL 33180
US



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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, TYLER A ESQ.
1000 SOUTH PINE ISLAND ROAD
SUITE 310
PLANTATION FL 33324

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

Cindy Orlinsky

5-1-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

000000760101
05/24/07-80069-002. 50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
ORLINSKY, CINDY
20051 N.E. 37TH CT.
AVENTURA FL 33180 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cindy Orlinsky

5-1-07

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

Date

Daytime Phone #