

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 A
Secretary of State

DOCUMENT # L05000082690

1. Entity Name
DMR PROPERTIES, LLC



Principal Place of Business
**11765 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33018**

Mailing Address
**11765 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33018**



01252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3345458

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOODY, JONES & MONETFUSCO, P.A.
1333 S. UNIVERSITY DRIVE, SUITE 201
PLANTATION, FL 33324**

**DO NOT WRITE
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
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GLAZER, RON
2770 SW 121 AVE
DAVIE, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
GLAZER, DAVID
3945 CARSON AVE
COOPER CITY, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CARPENTER, MARK
1636 SE 12 CT
FORT LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000816735
02/14/08-80060-025-143.75

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

1/29/08

Date

Daytime Phone # _____