

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000111685

1. Entity Name
PNL ASSOCIATES, LLC



Principal Place of Business
1500 NW 110 AVENUE, SUITE 361
FORT LAUDERDALE, FL 33322-6444

Mailing Address
PO BOX 452095
FORT LAUDERDALE, FL 33345-2095



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3860600

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YU, LIN
1500 NW 110 AVENUE, SUITE 361
FORT LAUDERDALE, FL 33322-6444

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	YU, LIN
STREET ADDRESS	1500 NW 110 AVENUE, SUITE 361
CITY-ST-ZIP	FORT LAUDERDALE, FL 333226444
TITLE	MGR
NAME	ZHANG, NING
STREET ADDRESS	8000-1 SOUTH ARAGON BLVD.
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	MGR
NAME	BRADY, PARRIS
STREET ADDRESS	8060 FAIRVIEW DRIVE BLDG. 19 #209
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000738434
05/11/07-80068-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #