

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/13/2007-90016-007 \$50.00-\$50.00

DOCUMENT # L06000014445					
1. Entity Name 4341 NE 16 AVENUE POMPANO LLC					
Principal Place of Business 178 PRESCOTT I DEERFIELD BEACH, FL 33442			Mailing Address 178 PRESCOTT I DEERFIELD BEACH, FL 33442		
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	4. FEI Number	
				08232007 Chg-LLC CR2E083 (12/08)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KRIPANIDHI, MARIE 178 PRESCOTT I DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and (if it is acceptable) (NOTE: Registered Agent's signature is required when interest in)					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR KRIPANIDHI, MARIE 178 PRESCOTT I DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM KRIPANIDHI, BILIGERE 178 PRESCOTT I DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
10. ADDITIONS/CHANGES					
REINSTATEMENT					
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: x Marie Kripanidhi		09/11/2007		846-5878	
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					