

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-24-2007 90012 042 ****50.00

DOCUMENT # L06000016783	
1. Entity Name 1504 NW 5TH AVENUE LLC	

Principal Place of Business 8676 GRIFFIN RD. COOPER CITY FL 33328	Mailing Address 8676 GRIFFIN RD. COOPER CITY FL 33328
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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

6. Name and Address of Current Registered Agent HERTZ, BRADLEY L 8676 GRIFFIN RD. COOPER CITY FL 33328	
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4. FEL Number 16-0817746	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

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 title is required.) (If registered agent is individual, full name and address required.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HERTZ, BRADLEY L 8676 GRIFFIN RD. COOPER CITY FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SPERRY, LISA I 8676 GRIFFIN RD. COOPER CITY FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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 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: Bradley L Hertz **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** Date _____ Registered Phone: # _____