

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000021319

1. Entity Name

LA FONTANA HOLDINGS, LLC



FILED

07 JUN 14 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3327 NE 32ND STREET
FORT LAUDERDALE FL 33308
US

Mailing Address

3327 NE 32ND STREET
FORT LAUDERDALE FL 33308
US

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

550 SW 12th Ave

Suite, Apt. #, etc.

Bldg #4

3. Mailing Address

550 SW 12th Ave

Suite, Apt. #, etc.

Bldg #4

1st MOORE

CR2E083 (10/06)

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBB, CANDIDA A ESQ.
3325 NE 32ND STREET
B
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Dehner Gary

Street Address (P.O. Box Number is Not Acceptable)

550 SW 12th Ave. Bldg #4

City

Ft Lauderdale

FL

Zip Code

33442

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

Gary Dehner

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NE 18TH AVENUE DEVELOPMENT, LLC
3327 NE 32ND STREET
FORT LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NE 18th Ave Development, LLC
550 SW 12th Ave. Bldg #4
Deerfield Beach, FL 33442

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200104676922
06/21/07--01052--005 **161.25

☐ Change ☐ Addition

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CITY - ST - 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:

Gary Dehner

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

Date

Daytime Phone #