


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90015 011 ***138.75

DOCUMENT # L06000030075

1. Entity Name
 PHD DECO II, LLC



Principal Place of Business 1592 BLUE JAY CIR. WESTON, FL 33327	Mailing Address 1592 BLUE JAY CIR. WESTON, FL 33327
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DO NOT WRITE IN THIS SPACE



04142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4548596	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

KABBARA, ADNAN
 1592 BLUE JAY CIR.
 WESTON, FL 33327

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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 if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR KABBARA, ADNAN 1592 BLUE JAY CIR. WESTON, FL 33327
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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: Adnan Kabbara 04-21-08 954 389-4746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #