

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000031804

1. Entity Name
FIRST FLOOR LLC



Principal Place of Business
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323

Mailing Address
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323



02222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4713604

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINDEN, JON A ESQ.
4430 SOUTHWEST 64TH AVENUE
DAVIE, FL 33314

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000854204
03/26/08-80099-016 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOLTZ, DIANE E
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COHEN, LAURENCE
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WEST, CHARLES E JR.
1100 INTERNATIONAL PARKWAY
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 608, Florida Statutes

SIGNATURE: *Sam Chua*

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

2/27/08

Date

954-351-0831

Daytime Phone #