

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000043931

1. Entity Name
BOCA RENTAL PROPERTIES, LLC



FILED
Jun 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
1908 NW 4TH AVE. SUITE 112
BOCA RATON, FL 33432

Mailing Address
1908 NW 4TH AVE. SUITE 112
BOCA RATON, FL 33432



05292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-9392236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLASFED, ALAN S
1908 NW 4TH AVE. SUITE 112
BOCA RATON, FL 33432

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000952976
06/11/08-80002-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALAN & MICHAEL KLASFELD ARE CO-TRUSTEES
FOR THE KLASFELD FAMILY TRUST
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALAN & MICHAEL KLASFELD ARE CO-TRUSTEES
2424 NE 22ND ST., SUITE 200
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

561-368-5555