

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000059172



FILED
Aug 13, 2008 08:00 AM
Secretary of State



1. Entity Name

2410 LLC

Principal Place of Business

446 BRAZILIAN AVENUE
PALM BEACH FL 33480
US

Mailing Address

446 BRAZILIAN AVENUE
PALM BEACH FL 33480
US

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

4. FEI Number 20-8274305

Applied For
Not Applicable

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

2nd MOORE CR2E083 (4/08)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

FILE NOW!!! FEE IS \$536.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME TELESE, NANCY
STREET ADDRESS 446 BRAZILIAN AVENUE, SUITE B
CITY- ST- ZIP PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000957656
08/13/08-800003-025 138.75

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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: NANCY TELESE Nancy Telese 8/11/08 561-833-4721

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

Date

Daytime Phone #