

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000066106

1. Entity Name
3773 REALTY HOLDINGS, LLC



Principal Place of Business
4130 NE 27TH AVENUE
LIGHTHOUSE POINT, FL 33064

Mailing Address
4130 NE 27TH AVENUE
LIGHTHOUSE POINT, FL 33064



04022008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5250930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIND, ALAN
4130 NE 27TH AVENUE
LIGHTHOUSE POINT, FL 33064

**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

U00000830575

04/22/08 00098 010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KINIS, PATRICIA
STREET ADDRESS	4130 NC 27TH AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	MGRM
NAME	KIND, ALAN
STREET ADDRESS	4130 NC 27 AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Patricia Kind* 4/1/08

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

Date

Daytime Phone #

954 234 6969