

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90022 014 ***150.00

DOCUMENT # L06000077631

1. Entity Name
CLUB TEN WINGS II, L.L.C.



Principal Place of Business
**12347 N.W. 10TH DRIVE
CORAL SPRINGS, FL 33071**

Mailing Address
**12347 N.W. 10TH DRIVE
CORAL SPRINGS, FL 33071**

60028737



2. Principal Place of Business - No P.O. Box #

6370 N. STATE RD 7

Suite, Apt. #, etc.

#120

3. Mailing Address

6370 N. STATE RD 7

Suite, Apt. #, etc.

#120

04222008 Chg-LLC CR2E083 (12/06)

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

4. FEI Number

20-5462554

Applied For

Not Applicable

Zip

33076

Country

BROWARD

Zip

33076

Country

BROWARD

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KASSIM, NURUDDIN
12347 N.W. 10TH DRIVE
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name

MANIAR, RAJUL

Street Address (P.O. Box Number is Not Acceptable)

#600

2855 N. UNIVERSITY DRIVE

City

CORAL SPRINGS

FL

Zip Code

33065

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KASSIM, NURUDDIN
12347 N.W. 10TH DRIVE
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
RAJWANY, BADRUDDIN
5166 N.W. 125TH AVENUE
CORAL SPRINGS, FL 33076** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
LAHKANI, BAHADURALI
1146 NORTH UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
MUHAMED, NAWAZ H
7693 N. W. 70TH AVENUE
PARKLAND, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
RAYANI, SHAMS
4635 N.W. 57TH LANE
CORAL SPRINGS, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
JINNAH, ISHTIAQ
15846 S.W. 17TH STREET
DAVIE, FL 33326** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/08 954 574 6878