

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90350 037 ****50.00

DOCUMENT # L06000086397

1. Entity Name
13420 ORANGE PARK, L.L.C.



Principal Place of Business
12201 N.W. 5TH STREET
PLANTATION, FL 33325

Mailing Address
12201 N.W. 5TH STREET
PLANTATION, FL 33325

40098214



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

04072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5501895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Linda L. Acord
Street Address (P.O. Box Number is Not Acceptable)
12201 N.W. 5th Street
City **Plantation** FL Zip Code **33325**

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 X

Linda L. Acord

X 4/30/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ACORD, WILBUR R ☐ Delete
STREET ADDRESS 12201 N.W. 5TH STREET
CITY-ST-ZIP PLANTATION, FL 33325

TITLE MGR
NAME ACORD, LINDA L ☐ Delete
STREET ADDRESS 12201 N.W. 5TH STREET
CITY-ST-ZIP PLANTATION, FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Linda L. Acord*

Linda L. Acord

X 4/30/07

954-472-1099

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

Date

Daytime Phone #