

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90350 034 ****50.00

DOCUMENT # L06000086408

1. Entity Name
5 & 7 ST. CLOUD, 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

40030221



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

20-5496223

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Linda L. Acord

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

12201 N.W. 5th Street

City
Plantation

FL 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

Linda L. Acord

(NOTE: Registered Agent signature required when reinstating)

X 4/30/07

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Delete
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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 #