

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L06000088887

1. Entity Name

ANNIE'S PLACE AT POMPANO, L.L.C.



Principal Place of Business

6500 MAUREEN COURT
CHEVERLY, MD 20785

Mailing Address

6500 MAUREEN COURT
CHEVERLY, MD 20785



04092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

84-1717286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, LORETTA
1700 NW 6 AVENUE
POMPANO BEACH, FL 33060

**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

U000000900389
04/29/08-80027-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BLUNT, ROBERT L
STREET ADDRESS	6500 MAUREEN COURT
CITY-ST-ZIP	CHEVERLY, MD 20785
TITLE	MGRM
NAME	BLUNT, ANNIE L
STREET ADDRESS	6500 MAUREEN COURT
CITY-ST-ZIP	CHEVERLY, MD 20785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: X

Annie L. Blunt

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

4-13-08

Date

Daytime Phone #