

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90027 011 ****55.00

DOCUMENT # L06000097550

1. Entity Name
7005 SPYGLASS AVE LLC



Principal Place of Business
1901 E ATLANTIC BLVD.
POMPANO BEACH, FL 33060

Mailing Address
1901 E ATLANTIC BLVD.
POMPANO BEACH, FL 33060

20008440



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5770209

Applied For

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

MARESCA, ANDREA
1901 E ATLANTIC BLVD.
POMPANO BEACH, FL 33060

Name **Tanya Price**
Street Address (P.O. Box Number is Not Acceptable)

1901 E ATLANTIC BLVD

City **Pompano Bch** FL Zip Code **33060**

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/29/07

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LEVINSON, ADAM
1901 E ATLANTIC BLVD.
POMPANO BEACH, FL 33060 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CULLIN, THOMAS
1901 E ATLANTIC BLVD.
POMPANO BEACH, FL 33060 ☐ Delete

TITLE
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CITY - ST - ZIP
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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]

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

Date

Daytime Phone #

1/29/07

954-345-9910