

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90036 021 ***138.75

DOCUMENT # L07000015599

1. Entity Name
15500 PINES BOULEVARD, LLC



Principal Place of Business *230* Mailing Address *230*
1600 SAWGRASS CORPORATE PARKWAY, SUITE ~~200~~ 1600 SAWGRASS CORPORATE PARKWAY, SUITE ~~300~~
SUNRISE, FL 33323 SUNRISE, FL 33323

00037006



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

Suite 230

City & State

City & State

04092008 Chg-LLC CR2E083 (12/06)

Zip

Country

Zip

Country

4. FEI Number
20-8493133

Applied For
Not Applicable

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

HELFMAN, STEVEN M ESQ. *230*
1600 SAWGRASS CORPORATE PARKWAY, SUITE ~~200~~
SUNRISE, FL 33323

Name

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

City

FL

Zip Code

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)

4/27/08

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

10. ADDITIONS/CHANGES

TITLE *Member* ☐ Delete
NAME *G.L. Commercial, LLC*
STREET ADDRESS *1600 Sawgrass Corp Pkwy, Suite 230*
CITY-ST-ZIP *Sunrise, FL 33323*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *[Signature]* *RICHARD M. NORWALK* *4/28/08* *(954) 753-1730*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #