

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90044 047 ***138.75

DOCUMENT # L07000031548

1. Entity Name
INTERFACE CAVENESS, LLC



Principal Place of Business
2600 N. MILITARY TRAIL, #290
BOCA RATON, FL 33431

Mailing Address
2600 N. MILITARY TRAIL, #290
BOCA RATON, FL 33431

60030128



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

7777 Glades Road,
Suite, Apt. #, etc. Suite 204

3. Mailing Address

7777 Glades Road
Suite, Apt. #, etc. Suite 204

04212008 Chg-LLC CR2E083 (12/06)

City & State Boca Raton, FL

City & State Boca Raton, FL

4. FEI Number
20-8708874

Applied For
Not Applicable

Zip 33434 USA

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

6. Name and Address of Current Registered Agent

WHITE, JOHN II
1645 PALM BEACH LAKES BOULEVARD
SUITE 1200
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

TITLE MGR
NAME GOODMAN, KENNETH J
STREET ADDRESS 2600 N. MILITARY TRAIL, #290
CITY-ST-ZIP BOCA RATON, FL 33431

10. ADDITIONS/CHANGES

TITLE
NAME 7777 Glades Road, Suite 204
STREET ADDRESS Boca Raton, FL 33434
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4-21-08 501-477-2770