

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

02-27-2008 90073 017 ***138.75

DOCUMENT # L07000043502			
1. Entity Name NASHVILLE 430 EATON, LLC			
Principal Place of Business 6530 WEST ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487		Mailing Address 6530 WEST ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338		3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	
Zip		Country	
Zip		Country	
4. FEI Number 20-8946903		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUK, JANE A 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33131		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)		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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u>Sean Leder</u>		Date: <u>2/15/08</u> Daytime Phone: <u>561-995-7878</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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