

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058381

FILED
Jan 07, 2008
Secretary of State

Entity Name: THE FLORIDA DEVELOPMENT COMPANY, LLC

Current Principal Place of Business:

1920 E HALLANDALE BEACH BLVD PH2
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1920 E HALLANDALE BEACH BLVD PH2
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KRIVORUCHKO, RUSLAN
1920 E HALLANDALE BEACH BLVD PH2
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLUMKIN, BORIS
Address: 11269 MONA LISA DRIVE
City-St-Zip: STUDIO CITY, GA 91604

Title: MGRM () Delete
Name: KRIVORUCHKO, RUSLAN
Address: 16711 COLLINS AVE
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM () Delete
Name: SHLAIN, RENATA
Address: 11332 MONA LISA DRIVE
City-St-Zip: STUDIO CITY, CA 91604

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUSLAN KRIVORUCHKO

VP

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date