

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90160 026 ***138.75

DOCUMENT # L07000088318

1. Entity Name
4946 WHITE MANGROVE WAY LLC



Principal Place of Business
**2 SOUTH UNIVERSITY DRIVE
SUITE 210
PLANTATION, FL 33324 US**

Mailing Address
**2 SOUTH UNIVERSITY DRIVE
SUITE 210
PLANTATION, FL 33324 US**

50005775



2. Principal Place of Business - No P.O. Box #
3970 SW 53 CT
Suite, Apt. #, etc.

3. Mailing Address
3970 SW 53 CT
Suite, Apt. #, etc.

02212008 Chg-LLC CR2E083 (12/06)

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE

4. FEI Number
26-0334968

Applied For
Not Applicable

Zip
33312

Country
USA

Zip
33312

Country
USA

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

6. Name and Address of Current Registered Agent

**STEVENS & GOLDWYN, PA
2 SOUTH UNIVERSITY DRIVE
SUITE 210
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
ISRAEL KUDMAN
Street Address (P.O. Box Number is Not Acceptable)
3970 SW 53 CT
City
FT. LAUDERDALE, FL Zip Code
33312

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)

DATE

4/28/08

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KUDMAN, ISRAEL
2 SOUTH UNIVERSITY DRIVE, #210
PLANTATION, FL 33324** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
**3970 SW 53 Ct.
FT. Lauderdale, FL 33312**

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

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

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

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

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:

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

ISRAEL KUDMAN

Date

Daytime Phone #

4/28/08