

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
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1997 JAN 27 PM 3:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000110**

**WAREHOUSES OF POMPANO BEACH, L.C.
4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431**

1a. Principal Place of Business Address

**4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

02/07/1995

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0559412

5. Date of Last Report

6. Certificate of Status Desired

03/18/1996

☐ Status Attached and Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**PRINCE, ALLEN
4400 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33431**

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____

DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	PRINCE, ALLEN	4400 N FEDERAL HWY #210	BOCA RATON FL
MEM	PRINCE, ELAYNE	4400 N FEDERAL HWY #210	BOCA RATON FL

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*****203.75 *****203.75**

Handwritten: 1/24/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #