

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002035

1. Entity Name
MILITARY 10, L.C.



Principal Place of Business
**5801 N. CONGRESS AVE.
BOCA RATON, FL 33487**

Mailing Address
**5801 N. CONGRESS AVE.
BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-LLC

CRZE063 (11/05)

4. FEI Number
57-2784295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOMBACH, GEOFFREY S ESQ.
500 EAST BROWARD BOULEVARD, SUITE 1950
FT. LAUDERDALE, FL 33394**

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

000000456764
03/16/06 80041 014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WOLF, STEVEN
STREET ADDRESS	5801 N. CONGRESS AVE.
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MEM
NAME	WOLF, ERIC
STREET ADDRESS	5801 N. CONGRESS AVE.
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/06 561-498-5600