

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE to be dissolved.

FILED

00 JUN 28 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000002292**

COOPER CITY NO.1, L.C.
1690 S. CONGRESS AVENUE, SUITE 200
DELRAY BEACH FL 33445

1a. Principal Place of Business Address

1690 S. CONGRESS AVENUE, SUI
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10/16/1998

FL

City & State

City & State

4. FEI Number

65-0881168

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

LEVY, ROBERT A
1690 S. CONGRESS AVENUE, SUITE 200
DELRAY BEACH FL 33445

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

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

DATE

11/15/99

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

MGRM LEVY, ROBERT A

1690 S. CONGRESS AVENUE, S DELRAY BEACH FL

MGRM SADKIN, S.MARTIN

7890 PETERS ROAD, G-105 PLANTATION FL

REINSTATEMENT

600003313016--E
-07/05/00--01068--014
****200.00 ****200.00

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #