

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90132 022 ****50.00

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1. Entity Name

11150 WEST SAMPLE, L.C.

Principal Place of Business

2846 CORAL SPRINGS DR.
CORAL SPRINGS FL 33071

Mailing Address

P.O. BOX 771238
CORAL SPRINGS FL 33077

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0876628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.
120 E. PALMETTO PARK RD.
SUITE 450
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Michael Oliver

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

11010 SW 1ST CT.

City

Coral Springs, FL.

FL

Zip Code

33071

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

Michael Oliver

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/06

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State.
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME OLIVER, MICHAEL
STREET ADDRESS 2846 CORAL SPRINGS DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael Oliver

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

Date

Daytime Phone #

2/3/06 954-410-9366