

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90357 034 ****50.00

DOCUMENT # M05000003002

1. Entity Name

FRANKEL ACC, LLC



Principal Place of Business

Mailing Address

3801 PGA BLVD
SUITE 107
PALM BEACH GARDENS FL 33410

3801 PGA BLVD
SUITE 107
PALM BEACH GARDENS FL 33410

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, City & State
3535 Military Trail
Suite 101
Jupiter, FL 33458

3535 Military Trail
Suite 101
Jupiter, FL 33458

Zip

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2961045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKEL, THOMAS
3801 PGA BLVD
SUITE 107
PALM BEACH GARDENS FL 33410

Name

Street

City

3535 Military Trail
Suite 101
Jupiter, FL 33458

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office
the obligations of registered agent.

amiliar with, and accept

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10.

CHANGES

TITLE MGR ☐ Delete
NAME FRANKEL, THOMAS
STREET ADDRESS 3801 PGA BLVD SUITE 107
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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

3535 Military Trail
Suite 101
Jupiter, FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

Thomas Frankel 1-31-07