

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

7/29/2008-90034-047-\$50.00-\$50.00

FILED

08 SEP 17 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

60045851

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M 050000006891**

1. Entity Name

**Pompano Beach Revitalization, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**511 Washington Street**

Suite, Apt. #, etc

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Norwood, MA**

City & State

4. FEI Number  
**20-3898063**

Applied For  
Not Applicable

**02062**

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**William Grindl**

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

**204 North Village Street**

City

**Celebration**

**FL**

Zip Code

**34747**

**DO NOT WRITE  
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

*William Grindl*

**7-18-2008**

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Managing Member  
Jeffrey K. Lines  
511 Washington Street  
Norwood, Ma 02062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**000136246220**  
**08/23/08--01010--007 \*\*\*488.75**

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11. I 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 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 #

**7-18-2008**