

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90022 046 ***138.75

DOCUMENT # M06000003606

1. Entity Name
POMPAÑO TWO LLC



Principal Place of Business
**400 N. FEDERAL HIGHWAY
POMPAÑO, FL 33062**

Mailing Address
**400 N. FEDERAL HIGHWAY
POMPAÑO, FL 33062**

60028700



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5046016

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

KAPER, NORLAN D
**400 N. FEDERAL HIGHWAY
POMPAÑO, FL 33062**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SMITH, BENJAMIN A III
STREET ADDRESS 106 8TH STREET
CITY-ST-ZIP HOLLAND, MI 49423

TITLE MGR ☐ Change ☒ Addition
NAME SMITH, BENJAMIN A IV
STREET ADDRESS 106 8TH STREET
CITY-ST-ZIP HOLLAND, MI 49423

TITLE MGR ☒ Delete
NAME KAPER, N. DALE
STREET ADDRESS 106 8TH STREET
CITY-ST-ZIP HOLLAND, MI 49423

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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.

Benjamin A. Smith III
SIGNATURE: Benjamin A. Smith III

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

4-21-08 616-396-0119

Date

Daytime Phone #