

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90182 021 \*\*\*\*55.00

**DOCUMENT # M97000000290**

1. Entity Name  
**4380 VIREO MORTGAGE LLC**



Principal Place of Business  
**% WILLIAM SHERRY  
700 S. OCEAN BLVD., SUITE 401  
BOCA RATON, FL 33432**

Mailing Address  
**% WILLIAM SHERRY  
700 S. OCEAN BLVD., SUITE 401  
BOCA RATON, FL 33432**



01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**13-3955116**

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**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SHERRY, MICHAEL  
1773 WILTSHIRE VILLAGE DRIVE  
WELLINGTON, FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SHERRY, MICHAEL  
1700 NW 93RD TERRACE  
PLANTATION, FL 33322** ☒ Change ☐ Addition

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STREET ADDRESS  
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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.

**SIGNATURE:**

*Michael Sherry*

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

**Michael Sherry 1/29/07 914 793-1793**