

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098908

**Entity Name:** PHD 219-11 L.L.C.

**Current Principal Place of Business:**

1290 WESTON RD  
SUITE# 310  
WESTON, FL 33326

**Current Mailing Address:**

1290 WESTON RD  
SUITE# 310  
WESTON, FL 33326 US

**FEI Number:** 43-1959669

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KABARRA, ADNAN  
1290 WESTON RD  
SUITE# 310  
WESTON, FL 33326 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KABBARA, ADNAN  
Address 1290 WESTON RD, SUITE# 310  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name LANZ, IVAN  
Address 1290 WESTON RD, SUITE# 310  
City-State-Zip: WESTON FL 33326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ADNAN KABBARA

**PRESIDENT**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date