## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

DOCUMENT # L01000003482 SIMON OFFENBERG LLC

Mailing Address

4635 RICHMOND ROAD, #105 WARRENSVILLE HEIGHTS, OH 44128

Principal Place of Business

4635 RICHMOND ROAD, #105 WARRENSVILLE HEIGHTS, OH 44128

## **FILED** May 02, 2007 08:00 A Secretary of State



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04262007 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 65-1088075 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FT. MYERS, FL 33907

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<ol><li>The above named entity submits this statement for the purpose of change</li></ol>	ging its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept
the obligations of registered agent.		
SIGNATURE		
Signature, typed or printed name of registered appril and trile if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

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

U00000757422 <del>50.00</del>

9. MANAGING MEMBERS/MANAGERS TITI F OFFENBERG, BERNARD D NAME STREET ADDRESS 4635 RICHMOND ROAD, #105 WARRENSVILLE HEIGHTS, OH 44128 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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formation supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information true and accurate and that my signature shell have the same legal effect as if made under oath; that I am a managing member or manager of the or the receiver or trustee empowered to expect this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the in indicated on this report is limited liability company

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AN

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