2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 15, 2007 08:00 Al Secretary of State DOCUMENT # L04000079888 1. Entity Namo SETH JOSEPH & CO., LLC Principal Place of Business Mailing Address 3317 EMBASSY DRIVE 3317 EMBASSY DRIVE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suito, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 52-2310072 Not Applicable Zıp Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KATZEN, SETH J Street Address (P.O. Box Number is Not Acceptable) 3317 EMBASSY DRIVE WEST PALM BEACH FL 33410 City Zip Codo aptity submits this state ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) • 4 5 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State 🔒 🔧 Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ши: Change Addition **MGRM** ☐ Delete U00000687296 NAMI KATZEN, SETH J NAME 02/26/07-80054-021 50.00 STRUET ADDRESS 3317 EMBASSY DRIVE STRUCT ADDRESS CITY-ST-ZIP CHY-ST-ZIP WEST PALM BEACH FL 33410 HIII. Delete Change ☐ Addition NAMI: NAME STRUCT ADDRESS STREET ADDRESS CHY-SI-7IP CHY-ST-ZIP 1010 ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP mm: ☐ Delete ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY+ST-7IP CHY-ST-7IP TITEE: ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CDY-ST-7IP CHY-ST-702 HIEE THEF. Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #