


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90236 014 ***138.75

DOCUMENT # L07000127727

1. Entity Name
REBOND, LLC



Principal Place of Business
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410

Mailing Address
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410

00014077



2. Principal Place of Business - No P.O. Box #
 700 E DANIA BEACH

3. Mailing Address
 700 E DANIA BEACH BLVD

Suite, Apt. #, etc.
STE 202

Suite, Apt. #, etc.
STE 202

03062008 Chg-LLC CR2E083 (12/06)

City & State
DANIA, FL

City & State
DANIA, FL

4. FEI Number
 20-2028384

Applied For
 Not Applicable

Zip
 33004

Country

Zip
 33004

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

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 _____ (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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGR
BESNIER, MICHEL
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

700 E DANIA BEACH BLVD
 STE 202
 DANIA, FL 33004

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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: _____ Date March 7th 2008 Daytime Phone # _____

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