

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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FILED

10 JUN -3 AM 9:49


**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

200182031532
06/15/10--01013--007 **138.75

CR2E083B (11/08)

DOCUMENT # **L 09000078456**

1. Entity Name
Lorraine Bareiss, LLC



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2. Principal Place of Business - No P.O. Box #
2001 SW 22nd Way

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

City & State

Zip
33426

Country
USA

Zip

Country

4. FEI Number
27-0608458

Applied For
 Not Applicable

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

6.

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7. Name and Address of Current 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner/ President Lorraine Bareiss 2001 SW 22nd Way Boynton Beach, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10.

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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: Lorraine Bareiss **Lorraine Bareiss** **6-6-2010** **561-732-8591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #