

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000000394

1. Entity Name
MODICA & BELFORD, LLC



Principal Place of Business
**8961 SE BRIDGE RD.
HOBE SOUND, FL 33455**

Mailing Address
**P.O. BOX 7351
DELRAY BEACH, FL 33445**



02202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1098647

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELFORD, ANDREW
8961 SE BRIDGE RD.
HOBE SOUND, FL 33455**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MODICA, CHARLES
8961 SE BRIDGE RD.
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BELFORD, ANDREW
8961 SE BRIDGE RD.
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

U00000838170
03/05/08-80020-016 138.75

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: *Charles R. Modica*

Charles R. Modica

2-20-08 5816410261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #