

# 2004 LIMITED LIABILITY COMPANY - AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP -3 AM 10:51

DOCUMENT # L00000010931

1. Entity Name  
RUNNING BROOK, LLC



Principal Place of Business  
520 BRICKELL KEY DRIVE  
SUITE 305  
MIAMI, FL 33131

Mailing Address  
520 BRICKELL KEY DRIVE  
SUITE 305  
MIAMI, FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08272004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
03-0510902

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, LLC  
520 BRICKELL KEY DRIVE  
SUITE O-305  
MIAMI, FL 33131

Name  
Sandra Sanchez  
Street Address (P.O. Box Number is Not Acceptable)

19451 Sheridan Street, Suite 154

City  
Pembroke Pines

FL Zip Code  
33332

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

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE D ☒ Delete  
NAME SHUBOV, LEONID  
STREET ADDRESS 520 BRICKELL KEY DRIVE #305  
CITY-ST-ZIP MIAMI, FL 33131

TITLE Manager ☒ Change ☐ Addition  
NAME Sandra Sanchez  
STREET ADDRESS 19451 Sheridan Street, Suite 154  
CITY-ST-ZIP Pembroke Pines, FL 33332

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Please see item no. 8 for signature

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

9/2/04

(305) 374-3800

Date Daytime Phone #