

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90404 025 ***138.75

60012076



01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-1054191** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

DAVIS, RICHARD T
250 AUSTRALIAN AVENUE SOUTH, SUITE 1601
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name **Davis, Richard T**
Street Address (P.O. Box Number is Not Acceptable) **901 N. Olive Avenue**
City **WPB** FL Zip Code **33401**

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MONTIJO, HARVEY**
STREET ADDRESS **10131 WEST FOREST HILL BLVD., SUITE 230**
CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE **MGRM** ☐ Delete
NAME **YEE, GARVIN**
STREET ADDRESS **10131 WEST FOREST HILL BLVD., SUITE 230**
CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE **MGRM** ☐ Delete
NAME **WAEITZ, MARK**
STREET ADDRESS **10131 WEST FOREST HILL BLVD., SUITE 230**
CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE **MGRM** ☐ Delete
NAME **ACEVDO, JORGE**
STREET ADDRESS **10131 FOREST HILL BLVD., #230**
CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Pedro-Alexander, Veronica**
STREET ADDRESS **10131 W. Forest Hill Blvd Ste. 230**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Mikolajczak, Michael**
STREET ADDRESS **10131 W. Forest Hill Blvd. Ste. 230**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Ortega, Jose R**
STREET ADDRESS **10131 W. Forest Hill Blvd Ste 230**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Palmer, Enrique**
STREET ADDRESS **10131 W. Forest Hill Blvd Ste 230**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☐ Change ☐ Addition
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 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:

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

Date

Daytime Phone #