

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000217

1. Entity Name
CHRISTOPHER M. LARMOYEUX, P.L.



Principal Place of Business
**550 S QUADRILLE BLVD
200
WEST PALM BEACH, FL 33401**

Mailing Address
**550 S QUADRILLE BLVD
200
WEST PALM BEACH, FL 33401**



01262005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1065871

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARMOYEUX, CHRISTOPHER M 550 S QUADRILLE BLVD SUITE 200 WEST PALM BEACH, FL 33401
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02/17/05-80031-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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

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

Date

Daytime Phone #

CHRISTOPHER M LARMOYEUX 2/15/05 (561) 832-7430