

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90018 007 \*\*\*138.75

**60028070**



04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-1117634** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

**MERENFELD, ISACK**  
**766 SE 5TH AVENUE**  
**DELRAY BEACH, FL 33483**

## 7. Name and Address of New 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

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 **MGRM** ☐ Delete  
NAME **MORONFIELD, ISACK**  
STREET ADDRESS **706 SE 5 AVE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **MGR** ☐ Delete  
NAME **ABBO, MAYOR S**  
STREET ADDRESS **706 SE 5 AVE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **MGRM** ☐ Delete  
NAME **ABBO, JORGOS**  
STREET ADDRESS **706 SE 5 ST**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **MGRM** ☐ Delete  
NAME **WEIS, JAMIE**  
STREET ADDRESS **766 SE 5 AVE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **ISACK MERENFELD**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **JACQUES ABBO**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

**MAYER SABBO**

Date

Daytime Phone #

**4/8/08 5612433352**