

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010608

FILED
Apr 24, 2009
Secretary of State

Entity Name: REPUBLIC ENTERPRISES, LLC

Current Principal Place of Business:

1360 N.W. 33RD ST.
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

1360 N.W. 33RD ST.
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 65-1117080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, JIM
1360 N.W. 33RD STREET
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

KLAPHOLZ, JOSEPH P ESQ
2500 HOLLYWOOD BLVD
SUITE 212
HOLLYWOOD, FL 33064 US

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.

SIGNATURE: JOSEPH P KLAPHOLZ

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RETTERATU, JASON
Address: 10708 EL PARAISO PL
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM () Delete
Name: ROBERTSON, JIM
Address: 5954 NW 74TH TERR.
City-St-Zip: PARKLAND, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RETTERATU, JASON
Address: 1360 NW 33RD STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM (X) Change () Addition
Name: ROBERTSON, JIM
Address: 1360 NW 33RD STREET
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES ROBERTSON

MGRM

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date