

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011723

1. Entity Name  
SIGNATURE FT. LAUDERDALE, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 10 PM 1:55

Principal Place of Business  
10520 NW 26 ST  
SUITE C-201  
MIAMI, FL 33172 US

Mailing Address  
10520 NW 26 ST  
SUITE C-201  
MIAMI, FL 33172 US



03102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

4. FEI Number  
65-1122144

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CABANAS, JOSE E  
10520 NW 26TH STREET- C-201  
MIAMI, FL 33172

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
CABANAS, JOSE E  
10520 NW 26 STREET-C-201  
DORAL, FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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NAME  
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CITY - ST - ZIP

☐ Change ☐ Addition

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

3/27/08

Date

(305) 513 3639

Daytime Phone #

Jose E. Cabanas