

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001376

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** C & B OFFICE MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

6141 SUNSET DRIVE, STE 100  
C/O EDUARDO BARROSO  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6141 SUNSET DRIVE, STE 100  
C/O EDUARDO BARROSO  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 01-0582307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARROSO, EDUARDO MD  
8860 SW 118 STREET  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

BARROSO, EDUARDO MD  
6250 SW 128 ST  
PINECREST, FL 33156 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:** EDUARDO BARROSO

01/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CASSEL, JOHN MD  
**Address:** 6141 SUNSET DRIVE, STE 100  
**City-St-Zip:** SOUTH MIAMI, FL 33143

**Title:** MGRM  
**Name:** BARROSO, EDUARDO MD  
**Address:** 6141 SUNSET DRIVE, STE 100  
**City-St-Zip:** SOUTH MIAMI, FL 33143

I hereby 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:** EDUARDO BARROSO

MGRM

01/24/2012

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