2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000002549

1. Entity Name
SUCCESS UNLIMITED PUBLISHERS, LLC

Principal Place of Business	Mailing Address
9025 N.W. 9TH AVENUE MIAMI, FL 33150	9025 N.W. 9TH AVENUE MIAMI, FL 33150

DO NOT WRITE IN THIS SPACE

04192005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
30-0040953		Not Applicable

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

6. Name and Address of Current Registered Agent

RHINES, DEANGELA
9025 N.W. 9TH AVENUE
MIAMI, FL 33150

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: *DeAngela Rhines* DeAngela Rhines

Signature typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   04/20/05 DATE

Filing Fee is $50.00
Due by May 1, 2005

9.

	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	RHINES, DEANGELA R MGRM		
STREET ADDRESS	9025 NW 9TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 33150		U00000329433
TITLE			04/25/05-80119-003 50.00
NAME			
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CITY-ST-ZIP			

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: *DeAngela Rhines* DeAngela Rhines   04/20/05   (305)835-2731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #