

FILED

Jan 25, 2008 08:00
Secretary of State**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000015534

1. Entity Name
SBR DEVELOPMENT & INVESTMENT, LLC

Principal Place of Business

5100 DU PONT BLVD
670 "J"
FORT LAUDERDADE, FL 33308

Mailing Address

5100 DU PONT BLVD
6 TO "J"
FORT LAUDERDADE, FL 33308

01122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
03-0467812Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESNICH, BEATRIZ M:R
5100 DU PONT BLVD
6 "J"
FORT LAUDERDADE, FL 33062-6667**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

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****9. MANAGING MEMBERS/MANAGERS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RESNICH, SILVIO
5100 DU PONT BLVD 6 "J"
FORT LAUDERDADE, FL 33308TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RESNICH, BEATRIZ
5100 DU PONT BLVD 6 "J"
FORT LAUDERDADE, FL 33308TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPUD00000786403
01/23/08-80033-001 138.75**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #