

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018614**

1. Entity Name  
BERMAN, CLARK, FOYT, HERNANDO, HORVATH,  
PHILIPPEAUX AND ASSOCIATES, LLC



Principal Place of Business

7300 N KENDALL DR  
#740  
MIAMI, FL 33156

Mailing Address

7300 N KENDALL DR  
#740  
MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
74-3054481

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BERMAN, ROCHELLE CFP
STREET ADDRESS	7300 N KENDALL DR #740
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	CLARK, CARROLL T JR.
STREET ADDRESS	7300 N KENDALL DR #740
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	HERNANDO, FRANCISCO CFP
STREET ADDRESS	7300 N KENDALL DR #740
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	HORVATH, MIGUEL
STREET ADDRESS	7300 N KENDALL DR #740
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	PHILIPPEAUX, JAMES
STREET ADDRESS	7300 N KENDALL DR #740
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	FOYT, JOHN
STREET ADDRESS	7300 N KENDALL DR #740
CITY-ST-ZIP	MIAMI, FL 33156

U000000743957  
05/15/07-80130-004 50.00

**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 #