

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000021705

1. Entity Name
SPEED, LLC



Principal Place of Business
**10800 BAISCAYNE BLVD
SUITE 350
MIAMI, FL 33161**

Mailing Address
**10800 BAISCAYNE BLVD
SUITE 350
MIAMI, FL 33161**



2. Principal Place of Business - No P.O. Box #
10800 BISCAYNE BOULEVARD

3. Mailing Address
10800 BISCAYNE BOULEVARD

Suite, Apt. #, etc.
SUITE 350

Suite, Apt. #, etc.
SUITE 350

02092007 Chg-LLC CR2E083 (12/06)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1180436

Applied For
Not Applicable

Zip
33161

Country

Zip
33161

Country

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

6. Name and Address of Current Registered Agent

**BUCHBINDER, HARRIS
46 SOUTHWEST FIRST STREET
MIAMI, FL 33030**

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
POSNER, STEVEN TRUSTEE
STREET ADDRESS
10800 BISCAYNE BOULEVARD, SUITE 350
CITY-ST-ZIP
MIAMI, FL 33161

TITLE
MGR ☐ Delete
NAME
POSNER, STUART TRUSTEE
STREET ADDRESS
10800 BISCAYNE BOULEVARD, SUITE 350
CITY-ST-ZIP
MIAMI, FL 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**U000000641037
02/28/07-80091-001 50.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stuart Posner, Trustee 2/12/07 305-893-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #