

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023115

FILED  
Jul 06, 2005  
Secretary of State

Entity Name: SANDRA KONNER 2045 LLC

**Current Principal Place of Business:**

2045 NW 1ST AVE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

69 ARLINGTON AVENUE  
CALDWELL, NJ 07006

**New Mailing Address:**

FEI Number: 51-0424806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KONNER, SANDRA  
2045 NW 1ST AVE  
MIAMI, FL 33127      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KONNER, SANDRA  
Address: 69 ARLINGTON AVE  
City-St-Zip: CALDWELL, NJ 07006

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA KONNER

OWNE

07/06/2005

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