

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90046 041 \*\*\*138.75

**DOCUMENT # L02000027160**

1. Entity Name  
**BAZUA ENTERPRISES OF PALM BEACH AND MARTIN  
COUNTIES, L.L.C.**



Principal Place of Business  
**1700 N. DIXIE HIGHWAY, SUITE 145  
BOCA RATON, FL 33432**

Mailing Address  
**1700 N. DIXIE HIGHWAY, SUITE 145  
BOCA RATON, FL 33432**

**60001384**



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**13-4221687**

Applied For  
Not Applicable

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

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

**GATSOS, ELAINE M  
1499 WEST PALMETTO PARK ROAD, SUITE 210  
BOCA RATON, FL**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **BAZUA, MARIA E**  
STREET ADDRESS **1700 N. DIXIE HWY. STE. 145**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **MGRM** ☐ Delete  
NAME **BAZUA, FELIPE DE J**  
STREET ADDRESS **1700 N. DALE HWY. STE. 145**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

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

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

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

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

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

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:**

*MARIA BAZUA*

*Jan 11/08*

*561-338-5000*

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

Date

Daytime Phone #