


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90162 010 \*\*\*\*50.00

**DOCUMENT # L02000028080**

1. Entity Name  
**REBECCA & SARAH LLC.**



Principal Place of Business      Mailing Address

**405 N. OCEAN BLVD.  
 STE: 1529  
 POMPANO BEACH FL 33062**


**405 N. OCEAN BLVD.  
 STE: 1529  
 POMPANO BEACH FL 33062**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E083 (10/04)

4. FEI Number **13-4220564**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVA, RICARDO P  
 405 N. OCEAN BLVD.  
 STE: 1529  
 POMPANO BEACH FL 33062**

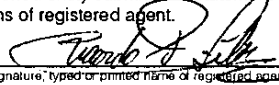
7. Name and Address of New Registered Agent

Name **Ricardo P. Silva**

Street Address (P.O. Box Number is Not Acceptable)  
**8724 NW 83RD Street**

City **Tamarac**      FL      Zip Code **33321**

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:       DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title (if applicable)      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SILVA, RICARDO P	
STREET ADDRESS	405 N. OCEAN BLVD. STE: 1529	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silva, Ricardo P.	
STREET ADDRESS	8724 NW 83RD Street	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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:       Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

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