

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90318 006 \*\*\*\*50.00

**DOCUMENT # L03000001188**

1. Entity Name

GARBER, LLC



Principal Place of Business

5210 LINTON BLVD., SUITE 306  
DELRAY BEACH FL 33484

Mailing Address

5210 LINTON BLVD., SUITE 306  
DELRAY BEACH FL 33484



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

4675 LINTON BLVD

3. Mailing Address

4675 LINTON BLVD

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

1st MOORE

CR2E083 (10/06)

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

05-0567770

Applied For

Not Applicable

Zip

33445-6611

Country

USA

Zip

33445-6611

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARBER, HARVEY I  
5210 LINTON BLVD., SUITE 306  
DELRAY BEACH FL 33484

Name

Street Address (P.O. Box Number is Not Acceptable)

4675 LINTON BLVD

SUITE 200

City

DELRAY BEACH

FL

Zip Code

33445-6611

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

HARVEY I GARBER

*[Signature]*

4/22/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS |                                      | 10. ADDITIONS/CHANGES |  |
|------------------------------|--------------------------------------|-----------------------|--|
| TITLE                        | MGRM <input type="checkbox"/> Delete | TITLE                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | GARBER, JOYCE R                      | NAME                  | 4675 LINTON BLVD SUITE 200   |
| STREET ADDRESS               | 5210 LINTON BLVD., SUITE 306         | STREET ADDRESS        | DELRAY BEACH FL 33445-6611   |
| CITY-ST-ZIP                  | DELRAY BEACH FL 33484                | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                      | NAME                  |  |
| STREET ADDRESS               |                                      | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                      | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                      | NAME                  |  |
| STREET ADDRESS               |                                      | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                      | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                      | NAME                  |  |
| STREET ADDRESS               |                                      | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                      | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                      | NAME                  |  |
| STREET ADDRESS               |                                      | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                      | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                      | NAME                  |  |
| STREET ADDRESS               |                                      | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                      | CITY-ST-ZIP           |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* JOYCE R. GARBER

4/22/07

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

Date

Daytime Phone #