


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90037 031 \*\*\*138.75

**DOCUMENT # L03000003598**

1. Entity Name  
**COPPERSTREETS, LLC**




Principal Place of Business  
**200 SOUTH ANDREWS AVE  
 702  
 FORT LAUDERDALE, FL 33301**

Mailing Address  
**200 SOUTH ANDREWS AVE.  
 702  
 FORT LAUDERDALE, FL 33301**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

00037639



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**56-2313548**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**COLEMAN, LUCRETIA  
 15663 SW 41ST ST  
 MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

Name  
**ELLIOT KESSLER**

Street Address (P.O. Box Number is Not Acceptable)  
**4000 SHERIDAN STREET SUITE C**

City  
**HOOLLYWOOD FL** Zip Code  
**33001**

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.

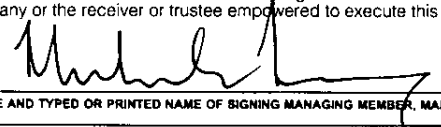
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARANG, MUKESH 2921 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARANG, NAMRATA 2921 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **4/30/08 (954) 615 2275**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #