

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90339 024 ***138.75

DOCUMENT # L03000010135

1. Entity Name
LYNBO, LLC



Principal Place of Business
C/O ROBERT L. PARKS, ESQ.
330 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Mailing Address
C/O ROBERT L. PARKS, ESQ.
330 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

60013677



2. Principal Place of Business - No P.O. Box #
2121 Ponce de Leon Blvd.

3. Mailing Address
2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.
505

Suite, Apt. #, etc.
505

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
Miami-Dade

Zip
33134

Country
Miami-Dade

03032008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKS, ROBERT L
330 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Parks, Robert L.

Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd

Suite 505

City
Coral Gables

FL

Zip Code
33134

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
NAME
MGRM
PARKS, ROBERT L ☐ Delete
STREET ADDRESS
330 ALHAMBRA CIRCLE
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
MGRM
PARKS, LYN ☐ Delete
STREET ADDRESS
330 ALHAMBRA CIRCLE
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
☒ Change ☐ Addition
STREET ADDRESS
2121 Ponce de Leon Blvd., Suite 505
CITY-ST-ZIP
Coral Gables, FL 33134

TITLE
NAME
☒ Change ☐ Addition
STREET ADDRESS
2121 Ponce de Leon Blvd., Suite 505
CITY-ST-ZIP
Coral Gables, FL 33134

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

TITLE
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CITY-ST-ZIP

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

TITLE
NAME
☐ Change ☐ Addition
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:

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

3/6/08

305 445 4430

Date

Daytime Phone #