

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000012381**

1. Entity Name  
**PRASK GROUP, LLC**



Principal Place of Business  
**250 SW 13TH AVE  
POMPANO BEACH, FL 33069**

Mailing Address  
**250 SW 13TH AVENUE  
POMPANO BEACH, FL 33069**



01112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2339919**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

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

**SIEGEL, RONALD L ESQ.  
1800 CORPORATE BOULEVARD, N.W., SUITE 302  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 **Ronald L. Siegel Esq.**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-22-08**  
DATE

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

**U000000803961  
02/05/08-80048-006 143.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
PETRILLO, ANTHONY  
250 SW 13TH AVENUE  
POMPANO BEACH, FL 33069**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
CHANG, YU-CHIH  
250 SW 13TH AVENUE  
POMPANO BEACH, FL 33069**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
REPETTI, EDWARD S  
250 SW 13TH AVENUE  
POMPANO BEACH, FL 33069**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: **Edward S. Repetti**

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

**1-22-08 954-784-2262**

Date

Daytime Phone #