


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90352 018 ****50.00

DOCUMENT # L03000016219

1. Entity Name
STUDIO CB, L.L.C.



Principal Place of Business
6865 BAY DRIVE
#22
MIAMI BEACH, FL 33141

Mailing Address
800 WEST AV
243
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
800 WEST AVE 243

3. Mailing Address
Suite, Apt. #, etc.

City & State
MB FLA.

City & State
City

Zip
33139

Country
DADE

4. FEI Number
20-0065095

Applied For
Not Applicable

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

01032007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

BETANCOURT, CARLOS
6865 BAY DRIVE
#22
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
800 WEST AVE # 243

City MB FL Zip Code 33139

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 _____

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BETANCOURT, CARLOS 6865 BAY DRIVE #22 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BETANCOURT CARLOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 WEST AVE #243 MB FL. 33139 MGRM
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALBERTO, LATORRE 6865 BAY DRIVE #22 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALBERTO LATORRE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7728 COLLINS AVE #17 MIAMI, FLORIDA 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date _____ Daytime Phone # _____