


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L03000021338	
1. Entity Name LFR, LLC	

Principal Place of Business 3814 CURTISS PKWY VIRGINIA GARDENS, FL 33166 US	Mailing Address 3814 CURTISS PKWY VIRGINIA GARDENS, FL 33166 US
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0040414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

HORNSTEIN, MIKE  
 3814 CURTISS PKWY  
 VIRGINIA GARDENS, FL 33166

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA FORGIA, VITO 3814 CURTISS PKWY. VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA FORGIA, LUCRETIA 3814 CURTISS PKWY. VIRGINIA GARDENS, FL 33166
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U00000846895  
 03/18/08-80047-002 138.75

**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:** *Mike Ho* **LF0** **2/26/08** **(305)**

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