

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026201

Entity Name: 6300 ACQUISITION, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

6300 NE 1ST AVENUE  
3RD FLOOR  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

6300 NE 1ST AVENUE  
3RD FLOOR  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

FEI Number: 20-0105749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SADER, ESQ., ROBERT L.  
1901 W. CYPRESS CREEK ROAD  
SUITE 415  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

SADER, ESQ., ROBERT L.  
6300 NE 1ST AVENUE  
SUITE 202  
FORT LAUDERDALE, FL 33334 US

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.

SIGNATURE:

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERT ROSCHMAN REVOCABLE TRUST  
Address: 6300 NE 1ST AVE 3RD FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM ( ) Delete  
Name: JEFFREY ROSCHMAN REVOCABLE TRUST  
Address: 6300 NE 1ST AVE 3RD FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33334

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT ROSCHMAN

MGRM

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date