

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90157 044 ****50.00

DOCUMENT # L03000028527

1. Entity Name

LE BEC ASSET MANAGEMENT, LLC



Principal Place of Business

815 PONCE DE LEON BLVD, STE P-201
CORAL GABLES, FL 33134

Mailing Address

815 PONCE DE LEON BLVD, STE P-201
CORAL GABLES, FL 33134

20008876



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0794971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGSTADT, OLIVER J ESQ
815 PONCE DE LEON BLVD, STE P-201
CORAL GABLES, FL 33134

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARROLI, VINCE
STREET ADDRESS	815 PONCE DE LEON BLVD, STE P-201
CITY- ST- ZIP	CORAL GABLES, FL 33134

TITLE	MGR
NAME	RENAUD, RENE
STREET ADDRESS	815 PONCE DE LEON BLVD, STE P-201
CITY- ST- ZIP	CORAL GABLES, FL 33134

TITLE	MGR
NAME	GRENIER, ROBERT
STREET ADDRESS	815 PONCE DE LEON BLVD, STE P-201
CITY- ST- ZIP	CORAL GABLES, FL 33134

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 exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-14-05 (305) 461-5667