


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # L03000028527 1. Entity Name LE BEC ASSET MANAGEMENT, LLC	
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Principal Place of Business 4474 WESTON RD SUITE #216 DAVIE, FL 33331	Mailing Address 4474 WESTON RD SUITE #216 DAVIE, FL 33331
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DO NOT WRITE IN THIS SPACE



04172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0794971	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, M 4474 WESTON RD SUITE #216 DAVIE, FL 33331

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, M 4474 WESTON RD, SUITE #216 DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENAUD, RENE 4474 WESTON RD, SUTE #216 DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRENIER, ROBERT 4474 WESTON RD, SUITE #216 DAVIE, FL 33331
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**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:  **4/24/07** **(954) 880-7744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #