

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000028527

1. Entity Name
LE BEC ASSET MANAGEMENT, LLC



Principal Place of Business

4474 WESTON RD
SUITE #216
DAVIE, FL 33331

Mailing Address

4474 WESTON RD
SUITE #216
DAVIE, FL 33331

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 PM 12: 14



04042008No Chg-LLC

CR2E083 (12/07)

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

GONZALEZ, M
4474 WESTON RD
SUITE #216
DAVIE, FL 33331

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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

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

04/24/08--01035--014 **38.75

200125580682

04/24/08--01035--014 **38.75

200125580682

05/11/07--80032--006 **150.00

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

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #