

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043687

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** WAKED FAMILY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

10055 NW 45TH STREET  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

10055 NW 45TH STREET  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 56-2414977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAKED, SUSAN M  
10055 NW 45TH STREET  
CORAL SPRINGS, FL 33065 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WAKED, SUSAN M  
**Address:** 10055 NW 45TH STREET  
**City-St-Zip:** CORAL SPRINGS, FL 33065

I hereby 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:** SUSAN WAKED

MGRM

01/04/2010

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