

# **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