

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90019 036 ****50.00

DOCUMENT # L04000000538

1. Entity Name
ALBERT, L.L.C.



Principal Place of Business

**4100 NORTH POWERLINE ROAD, SUITE J4-J5
POMPANO BEACH, FL 33073**

Mailing Address

**4100 NORTH POWERLINE ROAD, SUITE J4-J5
POMPANO BEACH, FL 33073**

20028715



04072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2507747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARIE MREJEN, P.A.
701 W. CYPRESS CREEK ROAD, SUITE 302
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
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, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	AMAR, ALBERT
STREET ADDRESS	4100 NORTH POWERLINE ROAD, SUITE J4-J5
CITY-ST-ZIP	POMPANO BEACH, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ALBERT AMAR

Date

Daytime Phone #

04/10/06 954-5902375