

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # L04000006680

1. Entity Name
LEMAE OF RIVIERA BEACH LLC



Principal Place of Business
C/O JACK ROSENBERG, C.P.A.
4000 HOLLYWOOD BLVD., #215-5
HOLLYWOOD, FL 33021

Mailing Address
C/O JACK ROSENBERG, C.P.A.
4000 HOLLYWOOD BLVD., #215-5
HOLLYWOOD, FL 33021



01292008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0746199

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B
GREENSPOON MARDER, P.A.
100 W. CYPRESS CREEK RD., STE. 700
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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ASTMANN, HELEN
652 EAST BEVERWYCK
PARAMUS, NJ 07652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AMENT, NORMAN
21 BIRCHWOOD DRIVE
GREAT RIVER, NY 11739

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

000000815448
02/14/08-80009-020 138.75

**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 #