

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90041 040 ****55.00

DOCUMENT # L04000007493					
1. Entry Name LB FAMILY, LLC					
Principal Place of Business 14241 SW 143RD COURT MIAMI, FL 33186 US			Mailing Address 14241 SW 143RD COURT MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-0696819				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180			7. Name and Address of New Registered Agent		
Name			SAMUEL LO BUE		
Street Address (P.O. Box Number is Not Acceptable)			14241 SW 143 COURT		
City			MIAMI		
State			FL		
Zip Code			33186		
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				DATE 4-26-07	
(NOTE: Registered Agent Signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LO BUE, SAMUEL 16855 S.W. 200TH STREET MIAMI, FL 33187	☐ Delete			
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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:				DATE: 4-26-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE # (305) 222-2344	

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