

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90259 019 ***138.75

DOCUMENT # L04000008691

1. Entity Name
BROWARD COUNTY BAIL BONDS LLC



Principal Place of Business
**1390 NW 16TH STREET
MIAMI, FL 33125**

Mailing Address
**1390 NW 16TH STREET
MIAMI, FL 33125**

50006625



05092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1087717 26-1860496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE BAIL BOND FIRM LLC
1390 NW 16TH STREET
MIAMI, FL 33125**

**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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THE BAIL BOND FIRM LLC
STREET ADDRESS	1390 NW 16TH STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	MGRM
NAME	MILLMAN'S SERVICES INC.
STREET ADDRESS	220 SE 12 ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	MGRM
NAME	S & B Bail Bonds, Inc.
STREET ADDRESS	220 SE 12 Street, Fort Lauderdale,
CITY-ST-ZIP	FL 33316
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 608, Florida Statutes.

SIGNATURE: _____

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

5/12/2008 9-306-0990

Date

Daytime Phone #